

Department of Veterans Affairs
Decentralized Hospital Computer Program

LABORATORY RELEASE NOTES

Version 5.2
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INTRODUCTION



Audience

This manual is written for the Laboratory Information Manager (LIM) or the Information Resource Management (IRM) department. The information contained within this manual should inform both the LIM and IRM of the changes that Version 5.2 will bring.

Arrangement of manual

The first section covers all the Data Dictionary changes. Besides the changes that were needed for workload recording to work, there are quite a few other changes that you will need to be aware of and take action on.

NOTE: If your site is using Part 3 of Kernel, please be sure that Laboratory users have access to the new Laboratory files.

The next three sections cover changes or enhancements to specific parts of the package. Each entry has at least two of the following components:

1. Heading:

The name of the option affected (if one or a group of options are affected) or the change done (for example, new form feed standard) is the heading.

2. Old Version Problem:

An explanation of how the previous version worked may be included.

If the change addressed a E3R, a reference to that E3R is included. This reference is the Laboratory E3R committee number, which consists of the year the E3R was from and a number representing the order the E3R was asked for. For example, the third one for the year 1990 would be numbered 90-03.

If the change resulted from any other "triggering" mechanism (for example a patch to 5.1, a new regulatory requirements, a NOIS call, etc.) that information is also provided.

3. New Version Correction/Change:

An explanation of solution and a listing of the types of changes involved is provided.

4. New Version:

An explanation of new functionality (when this is additional functionality, not correction of a previously identified problem) and a listing of the types of changes involved is provided.

The changes are roughly grouped according to menus. If an option has been enhanced/added, it will appear in the first "menu" that it is in. For instance, the Order/test status option appears on many menus but the explanation of the enhancement has it under the Phlebotomy menu.

The last section is called, for lack of a better term, the Reference section. This section contains miscellaneous information that you need to know. Within that section, we would like to call to your attention the list of new options, the list of completed E3Rs and the information about the new help frames for the Microbiology Trend Report.

NOTE: The Laboratory Development team plans to send "documentation correction" sheets with the site letter. With a project this size, there will always be something missed or changed at the last minute after the documentation has been sent to the printers. We regret any inconvenience this may cause but believe that this course of action is better than holding up the entire release for relatively minor documentation oversights.

Overview of Version 5.2

Primary Enhancements

- This version converts the pointers that used the USER file (#3), the PROVIDER file (#6), and the PERSON file (#16) to point to the NEW PERSON file (#200).
- This version complies with the more recent technical programming standards such as the removal of the \$N function.
- This version resolves outstanding major E3Rs along with as many other E3Rs as possible.
- This version upgrades all the documentation manuals to meet the new documentation standards. The NCD (National Center for Documentation) has approved our use of a separate Planning and Implementation Guide since the inclusion of this information in the Technical Manual would make that manual much too large.
- This version addresses different CLIA regulations issues.
- The major enhancement has been the conversion of laboratory workload from the AMIS reporting system to the LMIP requirements.

Workload Changes

The primary objective of Version 5.2 is to assist in reporting the Laboratory Management Index Program (LMIP) billable procedures to the national data base. The software is capable of collection of much more information. The additional information over and above LMIP can be very useful to local management.

It is advisable to address workload implementation in stages. Concentrate on LMIP related issues first, analyze the reports produced and determine what additional information might be useful at the local level. Some sites will choose to only implement LMIP functionality. This is acceptable but unwise. Version 5.2 can be a very useful tool when applied properly.

The DHCP Laboratory Workload recording and reporting system is a flexible and comprehensive technique for capturing work performed. The system covers all areas of the laboratory, both clinical and anatomical. Although differing methods for capturing the workload data are used, all data is uniform in structure and content. The level of reporting may be general or specific depending on how the files are setup. The data is designed to allow either gross bottom line figures or highly detailed line item reports.

There are four levels of data concentration or reporting levels.

1. National level
2. Administrative level (Site specific)
3. Lab section level
4. Accession level (data for each patient sample)

All levels of reporting below the national level (the highest collecting point) can be manipulated through VA FileMan sorts and prints. Thus allowing ad hoc reports to be designed by the reporting sites. The data structure is flexible and standard, providing data that is standardized at the national level yet customized at the site levels. The degree of granularity at the site level will not affect the data at the national level. The data collected at the national level will be consistent and standardized.

To achieve standardized and consistent data content at all levels, the scheme outlined in the Manual For Laboratory Workload Reporting published by the College of American Pathologists (CAP) were used. It is recommended that the LIMs get a copy of the manual and review it before implementation. This manual outlines methods for identifying and collecting workload. The terminology, categories, methods, etc. were adopted into the DHCP reporting methods. The elements of the most current CAP manual were loaded into DHCP files. The CAP manual represents the national dictionary and reference source for data collection and techniques used for data collecting. Using a functional outline by the Laboratory program office, a system of data collection and tabulation was devised.

The actual process of data collection is designed to relieve the verifying technologist of as much of the burden of additional work tasks or key strokes as possible. Approximately 70-85% of workload data are collected automatically by the system. The remaining 15-30% can be entered into the system manually. This feature allows for input during periods when the system was unavailable to capture the data automatically.

As new instruments, techniques, and procedures become available, the new workload codes will be distributed through a national release. This ensures that data remains standardized and consistent for site to site. A procedure for coordinating DHCP activity and the College of American Pathologist will be worked out to remove any conflicts of methods and terms.

DATA DICTIONARY CHANGES

Data Dictionary Changes

LABORATORY TEST file (#60)

1. AP Multiply Factor (Field .02, Subfile 60.02)

If procedure is counted more than once, the number of times counted is entered here. This field is only used for cytology workload and labels.

2. Sample WKLD Code (Field 500, Subfile 60.03)

If this test has a sample type that should have a specific WKLD code associated with it, enter the WKLD code here. For example: Urine electrophoresis always has a urine protein performed, so you would enter the WKLD code for that procedure here. It will only be counted for collection sample of urine.

3. Verify WKLD Code (Field 500)

There has been a Name Change for this subfile from AMIS/CAP Code to Verify WKLD Code. The WKLD codes for this test are entered here. The codes are captured during verification. Enter only the WKLD codes for the procedures that are done at your hospital for this test.

Test Multiply Factor: If this WKLD code should be counted more than once, enter the number of times it should be counted to get the total correct workload. If the field is blank, then it will automatically be counted 1 time.

Protect Suffix: If you wish to prevent the suffix from being converted to another suffix during verification, enter YES in this field. Codes that do not have a .0000 suffix need not be protected. They are not changed during verification.

4. Accession WKLD Code (Field 500.1)

This is a new subfile. Enter the WKLD code used to identify the accession workload for this test. This field can also be used for prep procedures, for example inoculating culture plates. This WKLD code count will appear on the date the specimen was accessioned into the laboratory. The field functions in the same manner as the WKLD codes, except it doesn't require a completion date to be counted. For Cytology Screening Workload, the appropriate WKLD codes are entered here.

5. Site Notes Date (Field 505)

This is a new subfile. The site can enter on-line documentation to tests in the file.

ETIOLOGY FIELD file (#61.2)

1. Etiology WKLD Code (Field 11)

Enter a WKLD code into this new field which can be associated with the isolation and identification of this particular organism. The verifier will be able to select from these entries for additional workload.

COLLECTION SAMPLE file (#62)

1. Collection WKLD Code (Field 500)

This new field is used for those unique situations when an accession WKLD code can not be used. For example Bacterial culture test. By using this field you don't have to enter collection samples in the LABORATORY TEST file (#60).

EXECUTE CODE file (#62.07)

1. Execute WKLD Code (Field 500)

WKLD codes associated with the execute codes are entered into this new multiple field.

2. Site Notes Date (Field 501)

This is a new subfile. The site can enter on-line documentation to codes in the file.

AUTO INSTRUMENT file (#62.4)

1. WKLD Method (Field .14)

This new field will indicate what method the system should use as a default value for workload identification purposes.

2. WKLD Code Method Name (Field .15)

This new field is automatically filled in when a selection of WKLD code method name is made. It represents an eye readable name of the code selected.

3. WKLD Code Suffix (Field .16)

This new field indicates what suffix should be used as a default value for this instrument.4. Default Auto Micro Test (Field 106)

This new field is used for the default laboratory test name that is to be used to record workload for each organism when using the automated Microbiology instrument to verify the test.

5. Direct Device (Field 29)

This new field is used when bypassing the LSI. It is the name of the device that is used to communicate with a direct connect instrument. This field is a free text pointer to the Device file. It stores the free text name of the device. The name is used in the ^LAPORTXX routine to set IOP before calling ^%ZIS.

6. Site Notes Date (Field 107)

This is a new subfile that will contain the date and text (word processing field) of any site notes.

LAB DATA file (#63)

1. Transfusion Reaction Type (Field .11, Subfile 63.017)

A new field, Transfusion Reaction Type, was added to Transfusion Record (63.085). This field is a pointer to BLOOD BANK UTILITY file (#65.4) and allows selection of entries from the BLOOD BANK UTILITY file (#65.4) which have a "T" entered in the .02 field, screen. This field contains data for reactions associated with a specific unit.

2. Transfusion Reaction Date (Field .086)

A new multiple field was added to File 63 to accommodate reactions which are not associated with specific units. This new multiple (63.0171) includes Transfusion Reaction Date (63.071,.01), Transfusion Reaction Type (63.071,.02), Person Entering Reaction (63.071,.03), and Transfusion Reaction Comment (63.071,1). When an entry is made in the .02 field, the AR cross reference is set.

3. TC Code (Field 0.14, Subfile 63.02)

A new field allows Electron Microscopy to have the comparable functionality to Surgical Pathology.

4. Delayed Report Comment (Field 0.97, Subfile 63.02)

A new subfile allows Electron Microscopy to record reasons for delayed reports.

5. Specimen (Field .012, Subfile 63.08)

Significant changes have been made to subfields of the Specimen multiple for Surgical Pathology to accommodate the implementation of WKLD and changes in generation of slide labels.

6. Labels to Print (Field .07, Subfield 63.8122)

A new field, Labels to Print, has been added to keep track of whether the slide label has printed or not.

7. Delayed Report Comment (Field 0.97, Subfile 63.8)

A new subfile allows Surgical Pathology to record reasons for delayed reports.

8. Microscopic Description (Field 1.1, Subfile 63.8)

The name of the field has been changed to eliminate the "diagnosis" portion, based on the addition of field 1.4. However, this does not automatically change the Report Header text which is stored in the LABORATORY SITE file (#69.9).

9. Frozen Section (Field 1.3, Subfile 63.8)

A new field, Frozen Section, has been added to allow the frozen section diagnosis to be entered, reported and stored separately from that of the permanent sections for Surgical Pathology. In order for this field to appear in the appropriate edit templates, it is necessary to indicate such in the Edit Pathology Parameters, [LRAPHDR] option.

10. Surgical Path Diagnosis (Field 1.4, Subfile 63.8)

A new word processing field has been added to allow separate entry of the 'diagnosis' from that of the microscopic description. This field cannot be purged, as the gross description, microscopic description and the comments fields can; thus, allowing the actual description to be retained in addition to the specimen and the SNOMED coding. This field also appears in the Cum path summary option output. In the next version, this field will also be used to automate the SNOMED coding process.

In order to activate use of this field, it is necessary to make the necessary changes in the Edit Pathology Reports Parameters option, that is to have the Ask Diagnosis field set to "YES" and to indicate the appropriate text under Report Header 4. If this is done, the text for Report Header 3 should also be changed.

NOTE: Corresponding fields have been also added for Cytology (Subfile 63.09, field 1.4) and Electron Microscopy (Subfile 63.02, field 1.4).

11. Specimen (Field .012, Subfield 63.09)

Significant changes have been made to subfields of the Specimen multiple for Cytology to accommodate the implementation of WKLD and changes in generation of slide labels.

12. TC Code (Field 0.14, Subfile 63.09)

A new field allows Cytopathology to have the comparable functionality to Surgical Pathology.

13. Autopsy Assistant (Field 13.8)

This new field can contain the name of the autopsy assistant.

14. Treating Specialty at Death (Field 14.6)

For quality assurance review purposes, a new field Treating Specialty at Death (63,14.6) has been added to both the Log-in, Anat Path [LRAPLG] and the Edit Log-in & Clinical Hx, Anat Path [LRAPED] options. If all of the data is entered, it is possible to have data on deaths sort by Service, Treating Specialty, and Physician using the QA Outcome Review Cases [LRAPQOR] option in the Supervisor's, Anat Path menu.

15. Autopsy Release Date/Time (Field 14.7)
Autopsy Released By (Field 14.8)

Two new fields have been added, they are Autopsy Release Date/Time (63,14.7) and Autopsy Release By (63,14.8). Autopsy reports must now be verified/released in the same manner as surgical path, cytopathology, and electron microscopy in order to make them visible to the clinician.

16. Provisional Anat Dx Date (Field 14.9)

A new field, Provisional Anat Dx Date (14.9), has been added to accommodate issuance of an official Provisional Anatomic Diagnosis Report for Autopsies. By having a separate date field, it allows the issuance of this report to be tracked separately from that of the final report. This field is also used for the calculation of the turnaround time for PADs.

WKLD CODE file (#64)

The name was changed from AMIS/CAP to WKLD CODE. This file contains the list of WKLD codes which are used to compile Laboratory workload statistics. This file is exported with data from the most current test listing. Periodically, this file will be updated with the newest listing plus any current test that was inadvertently overlooked.

This file should not be edited directly. Additional entries will be distributed by the Laboratory program at regular intervals.

WKLD LOG FILE file (#64.03)

This is a new file that contains an entry for each WKLD related activity. This file can be used for special costing projects to track at a specific Laboratory site.

NON WKLD PROCEDURES file (#64.05)

This is a new file that will be used by later versions. This file is not implemented with Version 5.2.

WKLD DATA file (#64.1)

This is a new file that contains the Laboratory Workload data.

ARCHIVED WKLD DATA file (#64.19999)

This is a new file that contains the Laboratory Archive Workload data.

WKLD SUFFIX CODES file (#64.2)

This is a new file that contains a listing of nationally approved Workload Suffix codes. This file should not be edited locally.

WKLD CODE LAB SECT file (#64.21)

This is a new file that contains the lab section to be used for workload recording. This is not the lab section which is used at the local site.

WKLD ITEM FOR COUNT file (#64.22)

This is a new file that contains all of the approved item descriptions used for counting Workload data. This file should not be edited locally.

WKLD INSTRUMENT MANUFACTURER file (#64.3)

This is a new file that contains an approved list of Venders/Manufacturers of Laboratory equipment or test reagents. This file should not be edited locally.

LAB REPORTS file (#64.5)**1. File Room Report (Field 3, Subfile 64.52)**

This field is used to designate a report to print to a file room location. It is used in conjunction with fields File Room (#4) and Separate File Room (#17). It allows the cumulative to identify those reports which should be run when a site wishes to print the file room reports and they are doing so on a schedule separate from the regular cumulative.

2. Blood Bank Reports (Field 3.5)

Enter "YES" if blood bank results are to be printed along with the cumulative report.

2. Alternate File Room (Field 1, Subfile 64.56)

This field is used to designate those locations which a site wishes to print to a "FILEROOM" location but which they do not wish to be a standard file room. This could be sites which have satellite clinics which have their own file rooms. The name entered here will cause this location to be sorted to a location called FILE ROOM_ alternate file room name followed by a 1 or 2 (for example FILE ROOM OPC1) The patients will be sorted in terminal digit order similar to the regular file room. This requires that the site has FILEROOM set to "YES" to sort non inpatients to location FILEROOM.

3. File Room Report Date (Field 16)

This field is used if the site wishes to print the FILEROOM location on a different schedule than the regular Cumulative print. If this feature is utilized, the last date the FILEROOM location(s) were printed is stored in this field.

4. Separate File Room (Field 17)

This field is used to designate the FILE ROOM Cumulative to be printed on a schedule different from the regular cumulative.

BLOOD INVENTORY file (#65)

1. The [LRBLIDTM] template was changed to prevent inappropriate data deletion of the MODIFY TO/FROM multiple.

2. BAG LOT # (Field 1.1)

If the ASK BAG LOT # field in the BLOOD PRODUCT file 66 is set to "YES", this field is included during component modification using the Disposition-not Transfused option in the Inventory menu. It allows recording of the bag lot # which is required when the product is transferred to another bag as part of the modification process.

3. Date/Time Unit Assigned (Field .02, Subfile 65.01)

This new field records the date/time that a unit is assigned to a patient, mainly for workload capture purposes.

4. Transfusion Reaction Type (Field 6.8)

This new field is a pointer to BLOOD BANK UTILITY file (#65.4) and allows selection of entries from the BLOOD BANK UTILITY file (#65.4) which have a "T" entered in the .02 field, Screen.

5. From/To (Field .03, Subfile 65.091)

This new field records whether the entry in the MODIFY TO/FROM multiple is "TO" or "FROM." Units in the existing File 65 will have this field completed during the INIT routine [LRBLSET].

6 WKLD Code (Field .01, Subfile 65.311)

This new subfield points to the WKLD CODE file (#64) and provides linkage of workload activity to tests/procedures with associated WKLD codes. It is used to record workload associated with units as it is accumulated.

BLOOD BANK UTILITY file (#65.4)

1. The name of File 65.4 was changed from BLOOD DONOR UTILITY to BLOOD BANK UTILITY.
2. A new choice was added to the set of codes for Screen (Field .02). "T" will stand for Transfusion Reaction.

BLOOD DONOR file (#65.5)

1. WKLD code (Field 1, Subfile 65.59911)

This new subfield, located under the Workload Test/Procedure (Field 500) subfile, points to the WKLD CODE file (#64) and provides linkage of workload activity to tests/procedures with associated WKLD codes.

LAB LETTER file (#65.9)

A new choice (SHIPPING INVOICE) in the set allows for customized text to appear in the output on the shipping invoice generated by the Shipping Invoices for Blood Components [LRBLISH] option.

A new choice (INVENTORY WORKSHEET) in the set allows for customized text to appear in the output on the worksheet generated by the Inventory ABO/Rh Testing Worksheet [LRBLIW].

ARCHIVED BLOOD INVENTORY file (#65.9999)

This is a new file that contains the Archived Blood Inventory data.

BLOOD PRODUCT file (#66)

1. Administrative category (Field .26)

This new field is used by several options to group entries according to the type of component. It is based on the AABB groupings on the annual questionnaire. It must be completed for all entries in File 66 that are currently being used.

2. Pooled Product (Field .27)

This new field is used to identify components in the file which are pooled. It is used to help troubleshoot and also to help determine what data should present in the Blood Bank Inventory Integrity Report [LRBLII] option.

3. ASK BAG LOT # (Field .28)

This new field is used during component modification in the Inventory menu, Disposition-not Transfused, option to determine whether the bag lot number should be captured for units which require transfer of the product to another bag as part of the modification process. If set to "YES" for the product, the BAG LOT# prompt will be included in the edit template.

4. WKLD Code (Field 500)

This new subfield points to the WKLD CODE file (#64) and provides linkage of workload activity to tests/procedures with associated WKLD codes.

BLOOD BANK VALIDATION file (#66.2)

This new file provides the mechanism for documenting the mandated validation of the Blood Bank software options. Data entry in the file is NOT intended to replace the mandated documentation of the validation testing, including:

1. Observations from testing, for example, screen prints, logging files, printed reports, written transcriptions, data tapes, data disks, etc.
2. A record/log of unusual occurrences, bugs, deviations from the BB User Manual & resolution
3. Final approval by other responsible individuals, including the BB Medical Director and the LIM.

It **may** be used to replace the documentation of the review, the acceptability/ outcome of the review, the date/signature of approval and the date of implementation.

This file offers longitudinal tracking of validation of the software to include the release of new versions, the installation of patches and the installation of any local modifications.

The content and the formatting of the file is consistent with the worksheets provided in the Blood Bank User Manual and the Technical Manual and complies with the requirements of the American Association of Blood Bank and the Food and Drug Administration.

The two options that allow easy access to this file are Validation Documentation [LRBLVALI] and Print Blood Bank Validation [LRBLVALP]

OPERATION (MSBOS) file (#66.5)

This new file will replace the Blood Component Request field (#66) in the CPT file (#81). Previous problems with issuing new updates to the CPT file (#81) have been encountered in that the entries in the Blood Component Request field (#66) which relate the Maximum Surgical Blood Order Schedule are overwritten. Entries in the OPERATION (MSBOS) File (#66.5) will represent a subset of CPT file (#81), with the .01 field being a pointer to CPT file (#81). Only those entries in the CPT file (#81) for which there is MSBOS data will be included. For Version 5.2, a conversion routine and corresponding option, File 81 Conversion [LRBLPOST], has been included. This option is locked with the LRLIASON key and needs to be run ONLY by those sites who have entries in the Blood Component Request field (#66) in the CPT file (#81).

BLOOD COMPONENT REQUEST file (#66.9)

This renamed file will be used by the Surgery Package for entry of preoperative blood orders, that is for Surgery Package versions after 3.0. In the next release of the Laboratory package, this file will also be used for entry of blood orders other than by the Surgery package and for resolving some difficulties in component requesting and selecting units reported by those facilities which keep red cell units in stock which have different anticoagulants.

The old name of the file was Blood Component.

REFERRAL PATIENT file (#67)

This name of this file was changed from REFERRAL to REFERRAL PATIENT file.

NON PATIENT WORKLOAD file (#67.4)

This new file will be developed in a later version to support nonworkload functions.

LAB MONTHLY WORKLOADS file (#67.9)

This file is used to collect workload data in preparation for transmission to the National Database. This is done each month that LMIP reportable statistics are compiled into this file. This file was named WORKLOAD file.

ARCHIVED LAB MONTHLY WORKLOADS file (#67.99999)

This new file contains archived Lab monthly workload data. Not all sites will make use of this file but if it is used, it makes historical data reports possible.

ACCESSION file (#68)

1. Lab Division (Field .19)

This new field will be used to determine where a particular accession belongs.

2. Technologist (Field 3, Subfile 68.04)

This field was named Tech Initial. The DUZ of the person verifying the test will be stored here. This field previously stored the initials of the technologist verifying the test.

3. Tally to WKLD (Field 5.1, Subfile 68.04)

This new field will be set to 1 if WKLD workload is counted. This flag prevents the test from being counted more than once.

4. WKLD Code (Field 6, Subfile 68.04)

The workload tallies are stored in these fields. The data is stuffed automatically by routines at the time of verification of the test. The name of this subfile was changed from CAP code to WKLD code.

5. Identify (Field 7, Subfile 68.04)

The name of this field has been changed from Test Reason to Identify. This field will be deleted in future versions.

6. WKLD Suffix (Field 8, Subfile 68.04)

This new field contains the WKLD code suffix used to identify the method used to verify this particular test. The suffix is stuffed at the time of verification automatically.

7. Bar Code Print (Field 5)

Set this new field to YES if bar code labels are to be printed for this accession area. The label printer needs to be correctly defined in the DEVICE and TERMINAL TYPE files.

8. Reserved (Field 8)

This new field was created for a future use.

9. Work Area (Field 9)

If this accession area is only to be used as a work area in the load/worklist file, set to "YES". The accession area cannot be used to accession specimens to if set to "YES". This new field acts as an on/off flag.

10. Workload On (Field 10)

Set this new field to "YES" when ready to turn on the automatic collection of workload data.

11. Collect STD/QC/Repeats (Field 11)

Set this new field to "YES" if manual counts for Quality Control are needed. When set to "YES", an additional prompt will appear during verification (at the end of the session not after every entry). The counts entered will be added to all tests the user verified during that particular session. The function of entering this data can be also done by using the option Std/QC/Repeats Manual Workload Count [LR WKLD STD/QC/REPS].

LOAD/WORK LIST file (#68.2)

1. WKLD Method (Field .14)

This new field is a pointer to the WKLD SUFFIX CODES file (#64.2) and will be used as a default response when setting up WKLD code during verification. The WKLD suffix is automatically appended to each WKLD code during verification and is stuffed into the ACCESSION file (#68).

2. WKLD Code Method Name (Field .15)

This new field should contain the subsection which should receive credit for workload any time a user selects this worklist.

3. WKLD Code Suffix (Field .16)

This new field indicates the standard default method used by this particular Load/Worklist.

4. Major Accession Area (Field 1)

This field contains the major accession area which should received the workload credit. Anytime a user selects this worklist the entry will be used to tally workload.

5. Lab Subsection (Field 1.5)

This is the next level down from the Major Accession area. Any example might be, chemistry is the major accession area and Special Chemistry would be the lab subsection.

6. Work Area (Field 1.7)

This is the lowest level of work distribution. Generally, this would indicate the work bench where the work is to be done. An example might be Chemistry (major accession area), Special Chemistry (lab sub section), and Drug screens (work area).

7. Additional Lab Tests (Field 52, Subfile 68.2)

If this particular work list should have additional workload counts, enter the test in the Laboratory Test file (#60) which contains the verify WKLD codes (field 500) needed. These WKLD codes will be included with each verified accession. An example might be a instrument setup for a batch instrument.

GROUP USER MANUAL file (#68.45)

This file was created for a future use of allowing a selection of specific data elements for inclusion in a defined group user manual. This functionality will be provided in a future release.

LAB SECTION PRINT file (#69.2)

1. Routine Procedure 1 (Field .11)

This new field contains the number of times a procedure is routinely performed. For EM the number of thick sections made per block.

2. Routine Procedure 2 (Field .12)

This new field contains the number of times a procedure is routinely performed. For EM the number of grids routinely made per block.

3. Report Header 3 (Field .13)

A new field has been added to accommodate the header text for the Frozen Section text to appear in the Surgical Pathology Report.

4. Report Header 4 (Field .14)

A new field has been added to accommodate the header text for the Diagnosis text to appear in the Surgical Pathology, Cytology, and Electron Microscopy reports.

5. New Pg. for Supplementary Rpt (Field .21)

If a page feed is wanted before printing the supplementary report, a "YES" is entered in this new field.

6. Slide Label (Field .3)

This new subfile is needed so that the site can enter a 1-9 character label name for their cytology slides rather than using a default choice.

7. Generic List (Field 6)

This multiple field was added to accommodate generic labels for autopsy. This information can be used by the Blocks, Stains, Procedures [LRAPSPDAT] option for the Autopsy area and by the Microscopic slide labels option.

8. Morphology Entry (Field 12)

A new multiple field has been added to accommodate the morphology codes to be used by the % Pos, Atyp, Dysp, Neg, Susp, Unsat cytopath [LRAPCYPCT] option. This will allow the sites to specify the morphology codes which they commonly use. This is particularly useful for the atypia designations.

LABORATORY SITE file (#69.9)

1. Default Institution (Field 3)

Certain workload functions are performed in the background without a user being identified. In this circumstance, the system has no way of identifying the institution that the workload should be credited to. This new field contains the default value to be used by the system.

2. Immed Lab Collect Div. (Field 5.1)

This new subfile contains the new fields to define wards for Immediate or STAT draws. If defined, a printer within the laboratory will print out all immediate collect orders.

3. Major Section (Field .1, Subfile 69.98)

This new field is a pointer to the ACCESSION file (#68).

4. Subsection (Field .11, Subfile 69.98)

This new field is a pointer to the ACCESSION file (#68).

5. Blood Bank Institution (Field 8.1)

This new field must be filled in to properly collect the Blood Bank workload.

6. Default Type for Quick Orders (Field 5, Subfile 69.99)

This field used to be named Default Type of Collection. The entry in this field will determine the type of collection that "Quick Orders" will have assigned to them.

7. Ask Frozen Section (Field 11.1)

If frozen sections are to be put in a separate field (^DD(63.08,1.3), enter "YES". A "YES" answer will cause an additional prompt to appear during Log-in and data entry which allows the entry of a frozen section diagnoses.

A new field has been added to determine whether the Frozen Section field in File 63.08 should be included in the appropriate edit templates for data entry in Surgical Pathology.

8. Ask Surg Path Diagnosis (Field 11.2)

A new field has been added to determine whether the Surgical Path Diagnosis field (Field 1.4, Subfile 63.08) should be included in the appropriate edit templates for data entry in Surgical Pathology.

NOTE: Corresponding fields have been also added for Cytology (Field 11.3) and Electron Microscopy (Field 11.4).

9. Ask Cytopath Diagnosis (Field 11.3)

If diagnosis are to be put in a separate field, "YES" should be entered.

10. Ask EM Diagnosis (Field 11.4)

If diagnosis are to be put in a separate field, "YES" should be entered.

11. WKLD Stats On (Field 17)

To have WKLD statistics collected at the time of accessioning and verification, set this new field to "YES". This is the primary switch to turn on workload collection. This entry turns off the entire function. There is also a secondary switch in the ACCESSION file (#68) which allows each accession to be turned on independently. Both fields must be answered "YES" to allow workload data to be accumulated for an accession area.

12. Log Printer for Routine LC (Field 303)

This field was renamed from Log Device for LC to Log Printer for Routine LC. This is the device you want the routine Lab Collect requests to print on.

13. Reserved Field #1 (Field 304)

This field was renamed from Send Data to Foreign CPU to Reserved Field #1. This field is now reserved for future development.

14. Default OPT Treating Sp. (Field 607)

This new field will be used as the default treating specialty for all outpatient workload data collection. It is recommended that an entry, called Ambulatory Care, be made in the FACILITY TREATING SPECIALTY file (#45.7).

15. LRNIGHT (Field 608)

This new field is used to prevent two copies of the WORKLOAD data collection routine from being executed at the same time. This field contains the date/time that the WORKLOAD collection routine began processing data. This field is set to null when the process completes. This field should NOT be set through FileMan. To recover after a system failure; delete this entry to allow the workload collection routine to proceed.

16. Phleb/Stop Code Running (Field 609)

Do not enter a date in this new field. Doing so may stop the data collection process. The routines will fill in the field during the data collection process and delete the date when the process has gone to a normal completion. If the system goes down during the data collection process, you must delete the date from this field. When the scheduled run time occurs, the data collection will continue automatically. However if the routine errors during the collection process, this field will contain the word "ERROR" followed by the date when the error occurred. If this is the case, you may wish to contact your IRM service for assistance.

17. Clinic Stop Code (Field 611)

This new field is to contain the clinic stop code to be used by the laboratory for the MAS package "stop code credit". Generally, the code number is 108.

18. Counting BB Workload (Field 612)

This new field is filled in by the workload routine while it processes the Blood Bank workload.

19. Urgency Alert (Field 613)

This new field is used as a cutoff level (urgency) to control the flashing of the urgency alert display during verification. Any urgency less (lower number) than this urgency will cause the display to flash.

20. Transmit Clinic Stop Codes (Field 614)

This new field should be answered "YES" if you wish the Laboratory Package to automatically stuff clinic stops codes for you. The data is automatically collected but will not be transmitted unless this field is set to "YES".

21. PCE/VSIT On (Field 615)

This new field will be used with Visit File when it becomes available. THIS FIELD IS NOT PRESENTLY USED. This field is reserved for future development.

22. Collect WKLD File Data (Field 616)

This new field controls whether or not data will be accumulated in the WKLD LOG file (#64.03). This WKLD LOG file can be used for special onsite local interest compilations of laboratory workload. There is an option provided to allow the printing of this file with suitable call separators for downloading to spread sheet programs on a PC based system.

LAB JOURNAL (File 95)

This file has been moved into the Laboratory namespace. The name was changed to Lab Journal from Journal.

● ENHANCEMENTS TO BLOOD BANK

Donor menu [LRBLD] changes

Donor Options

Old Version Problem (E3R 91-37)

There was no field accessible to enter the donor's SSN unless the facility was a Department of Defense site. In order to better track donors, to minimize the chance for duplicate records and to maximize the chance for detecting potential donors with a previous donation history, the SSN was deemed necessary.

New Version Correction/Change

The donor SSN can be entered and accessed through all appropriate donor options.

Type(s) of Change

New Functionality

Inventory menu [LRBLI] changes

Disposition - not transfused [LRBLIDN]

Old Version Problem (E3R 92-53, 92-55, 93-25)

1. In Version 5.1, if a unit was modified in the Disposition - Not Transfused option [LRBLIDN] and the unit had been restricted for a particular patient, it would not display the modified unit when you got into the Specimen Log In. This was due to the fact that the "AU" cross reference in the BLOOD INVENTORY file (#65) did not get set for the new unit.
2. In Version 5.1, if a unit was released to inventory from the donor module before testing was completed, no warning message was displayed during future modifications or shipment.
3. If the bar code reader is used and a component is made into components, the bar code reader is deactivated by the time you get to the next unit that you want to make into components. Fix code to allow bar code reader to be used for next component.
4. When modifying units in inventory, the default for the expiration date was based on the entry in the DAYS LEFT field for the new component. If that field had no entry, the default became the expiration date of the original unit. No evaluation was done to determine whether the new expiration date being calculated based on the DAYS LEFT field exceeded the original expiration date.
5. No way currently exists to track the lot numbers of bags used during component modification, for example transfer bags or bags used for freezing red cells. Since it is a FDA requirement, included in Current Good Manufacturing Practices, that this information be recorded, this must currently be recorded manually.
6. The option would not allow the pooling of platelets with two different types of anticoagulants.

New Version Correction/Change

1. The "AU" cross reference in the BLOOD INVENTORY file (#65) is set for the new unit when the unit is modified in the Disposition not transfused option and has been restricted for a particular patient. The modified unit is displayed when you use Specimen Log In.
2. In order to add one additional measure to prevent units with positive or incompletely tested disease markers from being inadvertently shipped to another facility, a warning message has been added to both the Disposition - Not Transfused [LRBLIDN] and the Shipping Invoices for Blood Components [LRBLISH] options.

3. The bar code reader allows you time to get to the next unit when changing a component to components.

4. If the calculation of the new expiration date, based on the entry in the DAYS LEFT field in the BLOOD PRODUCT file (#66) for the new component, exceeds the expiration date of the original unit, a warning message

"Expiration date exceeds original unit expiration date xxx OK ? NO// "

is displayed. Since there are some circumstances, such as rejuvenated red cells or frozen red blood cells, in which this would be appropriate, it is possible to indicate such and proceed. If the new date is not appropriate, the field and default are re displayed for editing.

5. A new field, Ask Bag Lot # (Field 1.1) was added to the BLOOD INVENTORY file (#65) which will be included in the edit templates used during component modification for those products which require transfer of the product to a bag which was not part of the original donor bag. Whether the prompt appears is dependent on the entry in the new Ask Bag Lot# field, i.e., field .28, in the BLOOD PRODUCT file (#66).

6. The option will now allow the pooling of platelets with different anticoagulants.

Type(s) of Change

1. Patch to Version 5.1 - new to documentation
2. New Functionality
3. New Functionality
4. New Functionality
5. Data Dictionary Change
New Functionality
6. New Functionality

Disposition-relocation [LRBLIDR]

Old Version Problem (E3Rs 90-41,91-97)

1. The option displays products or units in an unorganized manner. This was not a major problem when the patient has only a few units. But when there were many units or products such as for surgery/emergency cases, it was very confusing to choose the unit(s) needed. It also increased the time involved in choosing the unit(s).
2. There was no checking done if the user indicated that the inspection was unsatisfactory. The unit was still able to be relocated.
3. If autologous donor has been tested and has a antibody, you are still required to phenotype the unit or you cannot relocate it. It should function like the other autologous functions.

New Version Correction/Change

1. The report groups the products together. The display uses a new field, Administrative Category, (based on the AABB groupings in the annual questionnaire). * all of the RBC products that are liquid are combined. Within administrative category, it sorts by expiration date and there is a blank line in between each administrative category.
2. You can no longer release units with an answer of "UNSATISFACTORY" to the "INSPECTION:" prompt.
3. No checking is done of the Antigen Absent field if it is an autologous unit.
4. As an additional measure to prevent homologous blood from being issued when there are autologous units available, a flag has been added to the Disposition - Relocation [LRBLIDR] option. Any autologous units in the BLOOD INVENTORY file (#65) will be displayed at the beginning of the option.

Type(s) of Change

1. Data Dictionary Change
Output Redesigned
New Functionality
2. New Functionality
Patch To Version 5.1, new to documentation
3. New Functionality
4. New Functionality

Shipping invoices for blood components [LRBLISH]

Old Version Problem (E3R 89-98)

1. The Blood Bank package shipping invoice needed to be redone to be more consistent with that of the Red Cross. In addition, the paragraph that stated that the VA facility tested for HIV, Hepatitis, etc. needed to be more site configurable.
2. In Version 5.1, if a unit was released to inventory from the donor module before testing was completed, no warning message was displayed during future modifications or shipment.

New Version Correction/Change

1. The lab letter file was used to correct this problem. The site will need to enter a new letter as "SHIPPING INVOICE" in order for this to work (must match exactly). The text to appear should be entered in the Letter Text field. This should include lines to be filled in and signatures.
2. In order to add one additional measure to prevent units with positive or incompletely tested disease markers from being inadvertently shipped to another facility, a warning message has been added to both the Disposition - Not Transfused [LRBLIDN] and the Shipping Invoices for Blood Components [LRBLISH] options.

Type(s) of Change

1. Data Dictionary Change
New Functionality
2. New Functionality

Inventory ABO/Rh testing worksheet [LRBLIW]

Old Version Problem (E3R 92-86)

The text which appears at the bottom of the Inventory testing worksheet should reflect the key (code or legend) to illustrate and give meaning to numbers, letters and abbreviations used to record observed results and interpretations. This text has previously not been editable by the sites unless there was a local modification to the routine.

New Version Correction/Change

The text which appears at the bottom of the Inventory testing worksheet is now controlled by the Lab Letter File based on the "INVENTORY WORKSHEET" entry. This will allow the text to match the key used at that specific facility.

Since the name of the letter is hard coded in the routine, the name must be an exact match. Use the Edit Lab Letter File [LRBLSLL] option in the Supervisor's menu to create the new entry, specifying 'letter' as the screen.

Type(s) of Change

New Functionality

Enter crossmatch results [LRBLPX]

Old Version Problem

The Crossmatch Comment was a free text field and could not take advantage of the LAB DESCRIPTION file (#62.5).

New Version Correction/Change

The Crossmatch Comment field now points to the LAB DESCRIPTION file (#62.5).

Type(s) of Change

New Functionality

Data Dictionary change

Blood bank patient [LRBLP] Changes

Specimen log-in [LRBLPLOGIN]

Old Version Problem (E3R 93-02)

While in this option, an error would occur if the patient's movement had not been completed.

New Version Correction/Change

This has been corrected.

Type(s) of Change

New Functionality

Inquiry menu [LRBLQ] Changes

Inquiry Options

Old Version Problem (E3R 91-37)

There was no field accessible to enter the donor's SSN unless the facility was a Department of Defense site. In order to better track donors, to minimize the chance for duplicate records and to maximize the chance for detecting potential donors with a previous donation history, the SSN was deemed necessary.

New Version Correction/Change

The donor SSN can be entered and accessed through all appropriate inquiry options.

Type(s) of Change

New Functionality

Single donor demographic information [LRBLQSDD]

New Version

This is a new option to display a donor's demographic data.

Type(s) of Change

New Option

Patient Medication List [LRBLPH]

Old Version Problem (E3R 91-96)

Although the drugs were displayed when a positive direct antiglobulin test was entered through [LRBLPET], there was not a way to print the information.

New Version Correction/Change

The ability to print the inpatient and outpatient medication has been added.

Type(s) of Change

New Option

Patient blood bank record [LRBLQDR]

Old Version Problem (E3R 89-38, 91-118)

If the report was displayed on the CRT, you were prompted for another patient name after it finished. If the report was sent to a printer, after queuing it, the prompt returns to the Blood Bank Inquire menu. If printing a number of patients, you had to keep reselecting the option for each one. No capability existed for selecting a date range or a specific component. The output was always all inclusive.

New Version Correction/Change

This option now allows:

- Specification of a date range
- Inclusion of all or selected components
- Inclusion of either detailed summary or only totals
- Selection of more than 1 patient at a time

Type(s) of Change

New Functionality

New Prompt

Output Redesigned

Single donor information [LRBLQSD]

Old Version Problem (E3R 90-79)

If you need to look up information on a single donor unit and you use the Single Donor Information [LRBLQSD] option, the option gives you ALL the information on the donor. If the donor is a regular donor, you will get pages of information. If you send it to the screen, you have a hard time finding the unit you are looking for.

New Version Correction/Change

Instead of being a FileMan dump, the entire output has been redesigned. There is a new prompt asking whether you want a single donation or all donations. It allows entry of either the donor name **or** the donor ID to get the information. If you say you want a single donation record, it displays a list of the donation dates and associated unit IDs to select from. In addition, the output is hard coded to make it a little easier to read and a little more compressed.

Type(s) of Change

New Functionality
New Prompt
Output Redesigned

Validation documentation [LRBLVALI]

New Version

This option allows user to view the entries for the validation documentation by option name. This information is stored in the new file, BLOOD BANK VALIDATION file (#66.2).

Type(s) of Change

New Option

Report menu [LRBLR] changes

Print single BB patient report [LRBLP PRINT SINGLE]

Print all BB patient reports on print queue [LRBLP PRINT ALL ON QUEUE]

Old Version Problem (NOIS MIW-1291-40002)

The Blood Bank patient report options should document the physician's name on the reports.

The NOIS call reported that the Print single BB patient report [LRBLP PRINT SINGLE] option would give duplicate reports of changes in a patients data.

New Version Correction/Change

The reports now contain the physician's name.

The Print single BB patient report [LRBLP PRINT SINGLE] option now shows only one set of change data reports.

Type(s) of Change

New Functionality
Output Redesigned

Blood bank consultation reports [LRBLCN]

New Version

This new option allows the semiautomatic production of consultation reports on patients with alloantibodies or a positive direct antiglobulin test.

Type(s) of Change

New Option

Units available (indate/no disposition) [LRBLRUA]

Old Version Problem (E3R 89-37)

No report existed which indicated the patient for whom the Autologous and Directed Donor Units were restricted. This information was only available when the units were crossmatched. This required keeping a separate list to answer inquiries about unit availability.

New Version Correction/Change

The information is included on the Unit Available report. The header shows * for Autologous/Directed, then the report prints * followed by the patient's name and if the unit is currently assigned, the specimen date appears.

Type(s) of Change

New Functionality
Output Redesigned

Transfusion reaction count [LRBLTA]

New Version

This is a new option which evaluates those transfusion reactions which are associated with units. This option provides tallies of reactions by type and component for a specified disposition date range. This option replaces the Transfusion Reaction Report [LRBLIPTR] option which has been deleted from the Report menu.

Type(s) of Change

New Option

Phenotyped units available [LRBLIPH]

Old Version Problem (E3R 89-92)

The option was somewhat limited in that it:

1. only permitted selection of one component at a time
2. did not differentiate between units available and those already crossmatched and assigned to another patient.

New Version Correction/Change

The capability to select a group of related components, such as, all liquid red blood cell products, based on the Administrative Category, has been added. The output was changed to indicate current unit status, such as, the unit was assigned to a patient.

Type(s) of Change

New Functionality
Output Redesigned

Crossmatch/Transfusions by Specialty/Physician [LRBLAA]

Old Version Problem (E3R 89-69, 90-27, 91-78 91-112)

The option, Crossmatch: Transfusion report did not list the crossmatches by location and this functionality was needed. In addition, there was not a report which allowed data retrieval by treating specialty/physician.

New Version Correction/Change

In order to meet the requirements of the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), data was needed to determine ordering patterns by treating specialty/physician. This option creates such a report and is located in the Blood Utilization & Summary Reports menu under the Reports menu.

Type(s) of Change

New Functionality
New Option

Autologous Disposition report [LRBLJB]

Old Version Problem

There was not an easy way to evaluate autologous unit usage patterns.

New Version Correction/Change

A new option has been added which allows review of autologous units according to type of disposition. In addition to the patient identification and the unit information, the number of days in inventory is calculated. By printing both types of reports, it is easy to evaluate the number of units available and the number of units transfused to determine the rate of over ordering. If the listing of transfused patients is also compared to the transfusion record for those patients, it is also possible to calculate the rate of under utilization, that is those patients who also required homologous (allogeneic) units.

Type(s) of Change

New Functionality
New Option

Transfused RBC for treating specialty [LRBLJUT]

Old Version Problem

No easy way existed to evaluate unit usage patterns by treating specialty or surgical procedure. This made calculation of data for the Maximum Surgical Blood Order Schedule very difficult.

New Version Correction/Change

This new option has been added which allows review of all red cell components by treating specialty.

If the listing of transfused patients is also compared to the patients undergoing surgical procedures for that treating specialty for a given time period, it is possible to calculate the information needed to establish the appropriate Maximum Surgical Blood Order Schedule or to perform periodic audits for Transfusion Committee review.

Type(s) of Change

New Functionality
New Option

Transfusion by treating specialty/physician [LRBLITS]

New Version

This option prints a report that contains both physicians names and treating specialty.

The name was changed from Transfusion Statistics by Specialty to Transfusion by Treating Specialty/Physician.

Type(s) of Change

New Functionality
Name Change

Blood bank administrative data [LRBLA]

New Version

This new option generates a report consolidating data from BLOOD INVENTORY file (#65) and BLOOD DONOR file (#65.5) into a single report. The format selected is compatible with the data requested on the American Association of Blood Banks (AABB) questionnaire. A new field, Administrative Category, (.26) has been added to the BLOOD PRODUCT file (#66).

Type(s) of Change

New Functionality
Data Dictionary change
New Option

Print blood bank validation [LRBVALP]

New Version Correction/Change

This option prints the blood bank validation records stored in the new file, BLOOD BANK VALIDATION file (#66.2). The content and the formatting of the file is consistent with the worksheets provided in the Blood Bank User Manual and the Technical Manual and complies with the requirements of the American Association of Blood Bank and the Food and Drug Administration.

Type(s) of Change

New Option
New Functionality

Supervisor menu [LRBLS] changes

Edit Donor History Questions [LRBLSEH]

New Version Correction/Change

The field containing the donor history questions has been changed from a multiple to a word-processing field. This allows for easier editing of the donor history form.

Type(s) of Change

New Functionality

Edit unit disposition fields [LRBLSED]

Old Version Problem (Issued as patch to V. 5.1)

If you deleted the disposition for a unit in Version 5.1, it deleted the modified to/from multiple node 9 of the global. If you were deleting a disposition of "TRANSFUSED" and the unit is "pooled platelets", the modified to/from multiple was deleted.

New Version Correction/Change

A warning message is displayed to indicate that deleting of the disposition will delete the modification information. In addition, a new option, Edit Pooled Blood Product [LRBLJM], was added to edit pooled products.

Type(s) of Change

Patch to Version 5.1 - new to documentation

Edit pooled blood product [LRBLJM]

Old Version Problem (E3R 89-11)

In order to edit the information regarding a pooled product, it was necessary to use the Edit Unit Disposition Fields [LRBLSED] option. This was only possible once the pooled product had a disposition and was cumbersome to utilize. In addition, changes had to be made for both the pooled product and for the individual units which comprised the pool.

New Version Correction/Change

Information regarding the contents of a pooled product can be edited using this option, that is units can be added to or deleted from the pool. The appropriate data is automatically updated for all of the units using this option. This option is in the Blood Bank Inventory Edit Option menu under the Supervisors menu.

Type(s) of Change

New Functionality
New Option

Edit blood bank utility file [LRBLSEU]

New Version

This option now allows you to make use of the new choice in the set of codes for Screen (Field .02). The new choice is "T" for Transfusion Reaction.

The name of the option has been changed to reflect the name change of the file (from Edit Donor Utility File to Edit Blood Bank Utility File).

Type(s) of Change

New Functionality
Name Change

Blood component request edit [LRBLSRQ]

New Version

This new option allows the editing of requests for blood components.

Type(s) of Change

New Option

Blood Bank validation documentation [LRBLVAL]

New Version

This new option allows the documentation of the validation of blood bank options

Type(s) of Change

New Option

Unknown unit transfusion reaction [LRBLPTXR]

New Version

Data entry for transfusion reactions for which there is no unit associated is done using this new option under the Blood Bank Patient Edit Options [LRBLSP] option in the Supervisor's menu. This allows entry of the reaction type, as defined in File 65.4, and a free text transfusion reaction comment as well as the transfusion reaction date.

Type(s) of Change

New Option

Blood bank inventory integrity report [LRBLII]

Old Version Problem (E3R 92-15)

Since Version 5.1, the code was added which looked at the product names in the blood products file. If the name contained the word "pool", the program assumed that your lab would modify this product. It then checked for your modification data. If your local blood supplier supplied products already labeled "Pooled Plts" or "Pooled Cryoprecipitate", the "pool" name created problems with the integrity report, that is all of these units were identified as missing modification information. The only way around this was to locally remove the code, rename the products or wade through a thick error report.

New Version Correction/Change

There are 2 new fields in the BLOOD PRODUCT file (#66).

.26 Administrative Category: This field is based on the AABO groupings.

.27 Pooled Product: The logic does not look for the word "POOL" in the name field.

If .26 is either Random Platelets or Cryoprecipitate and

If .27 = "YES" and

If Supplier = "SELF" (automatically done when products are pooled using the Disposition - Not Transfused [LRBLIDN] option), then the integrity check will assume there should be entries in the Modified To/From field (#9) in the BLOOD INVENTORY file (#65).

Type(s) of Change

Data Dictionary Change
Change in Functionality

Remove units with final disposition [LRBLSER]

Old Version Problem (NOIS CLL-0992-40001)

When a unit ID is entered with an "E" in it, the site gets an E_NUMBER error. The "E" is read by MUMPS as meaning exponential.

New Version Correction/Change

This no longer will happen.

Type(s) of Change

Change in Functionality

Blood bank workload [LRBLSW]

New Version

This is a new menu of workload options for Blood bank.

Type(s) of Change

New Menu

Display workload for an accession [LRUWL]

New Version

This is a new option to display test and WKLD codes for an accession (in a specific accession area) for a specific date.

Type(s) of Change

New Option

General Functionality Changes

Transfusion Reaction Records Changes

New Version

Data Dictionary Changes

To identify transfusion reaction types and to maintain patient records of transfusion reactions when specific units cannot be identified with the transfusion reaction the several changes were made:

1. The name of file 65.4 was changed from BLOOD DONOR UTILITY to BLOOD BANK UTILITY.
2. A new choice was added to the set of codes for Screen field (#.02). "T" will stand for TRANSFUSION REACTION.
3. A new field, Transfusion Reaction Type (Field 6.8) was added to BLOOD INVENTORY file (#65). This field is a pointer to BLOOD BANK UTILITY file (#65.4) and allows selection of entries from BLOOD BANK UTILITY file (#65.4) which have a "T" entered in the field, Screen (#.02).
4. A new field, Transfusion Reaction Type (Field .11), was added to the LAB DATA file (#63) in the Transfusion Record field (63,.085). This field is a pointer to BLOOD BANK UTILITY file (#65.4) and allows selection of entries from BLOOD BANK UTILITY file (#65.4) which have a "T" entered in the field, Screen (#.02). This field contains data for reactions associated with a specific unit.
5. A new multiple field, Transfusion Reaction Date (63,.086) was added to LAB DATA file (#63) to accommodate reactions which are not associated with specific units. This new multiple (63.0171) includes Transfusion Reaction Date (63.071,.01), Transfusion Reaction Type (63.071,.02), Person Entering Reaction (63.071,.03), and Transfusion Reaction Comment (63.071,1). When an entry is made in the .02 field, the AR cross reference is set.

NOTE: These fields are included in the audit trail of changes in data.

Functionality Changes

The capabilities to track transfusion reactions has been expanded significantly. In previous versions, transfusion reactions were associated with specific units in BLOOD INVENTORY file (#65) or were noted in the free text Blood Bank Comments field. No capability existed to link specific types of transfusion reactions with either a patient or to extract data for reactions which were not necessarily linked to a specific unit.

Data entry and display of transfusion reactions is handled according to whether the reaction was "with a unit identified" or "without a unit identified". However, display of both is included in all of the same options that the Antibodies Identified and Blood Bank Comments appear (part of the LRDPA2 routine). In order to allow adequate supervisory review, it has also been included on the report generated by Patient Antibody Report (short list) [LRBLPR] option. For those reactions associated with a unit, the date of the reaction, the type of reaction, the unit ID and the component abbreviation are included. For those reactions which had no specific unit identified, the date and type of reaction as well as any comments entered are included.

Data entry for transfusion reactions for which there is an associated unit is done in the same manner as it was in previous version, that is either as part of the data entry in the Blood Transfusion Results [LRBLPT] option or Supervisory Edit option, Edit Unit Disposition Fields [LRBLSFD].

Data entry for transfusion reactions for which there is no unit associated is done using the Unknown Unit Transfusion Reaction [LRBLPTXR] option under the Blood Bank Patient Edit Options [LRBLSP] in the Supervisor's menu. This allows entry of the reaction type, as defined in BLOOD BANK UTILITY file (#65.4), and a free text, Transfusion Reaction Comment as well as the Transfusion Reaction Date.

In addition to the information displays previously described, a new option, Transfusion Reaction Count [LRBLTA] which evaluates those transfusion reactions which are associated with units. This option has been added to the Reports menu and provides tallies of reactions by type and component for a specified disposition date range. This option replaces the Transfusion Reaction Report [LRBLIPTR] option which has been deleted from the menu.

The report generated by Transfusion Data Report [LRBLITR] includes all of the transfusion reactions without a unit identified as well as those associated with a specific unit.

Type(s) of Change

New Functionality
Data Dictionary Change

OPERATION (MSBOS) file (#66.5)

Old Version Problem

Previous problems with issuing new updates to the CPT file (#81) have been encountered in that the entries in the *BLOOD COMPONENT REQUEST field (#.66), which relate to the Maximum Surgical Blood Order Schedule, are overwritten.

New Version Correction/Change

A new file, OPERATION (MSBOS) file (#66.5) has been created. Entries in OPERATION (MSBOS) file (#66.5) will represent a subset of the CPT file (#81), with the .01 field being a pointer to the CPT file (#81). Only those entries in the CPT file (#81) for which there is MSBOS data will be included.

For Version 5.2, a conversion routine and corresponding option, File 81 Conversion [LRBLPOST], has been included. This option (located on the LIM Workload menu) is locked with the LRLIASON key and needs to be run ONLY by those sites who have entries in CPT file (#81), *BLOOD COMPONENT REQUEST field (#.66). For those sites having entries, this routine will need to be run as soon as possible after installation of Version 5.2 since the checks included in the component request entry options now point to the new file. Subsequent entry/editing will be done using the same option as in previous versions (Maximum Surgical Blood Order Edit [LRBLSMS]). However, this option now uses the new OPERATION (MSBOS) file (#66.5).

Type(s) of Change

Data Dictionary change
New Option

BLOOD COMPONENT REQUEST file (#66.9)

Old Version Problem

Previous problems with having the Surgery package point to the BLOOD PRODUCT file (#66) have been reported. It is extremely confusing to the physician ordering components to have so many choices.

New Version Correction/Change

The new BLOOD COMPONENT REQUEST file (#66.9) will be used by the Surgery Package for entry of preoperative blood orders (for Surgery Package versions after 3.0.)

In the next release of the Laboratory package, this file will also be used for entry of blood orders other than by the Surgery package and for resolving some difficulties in component requesting and selecting units reported by those facilities which keep red cell units in stock which have different anticoagulants.

Type(s) of Change

Data Dictionary change

Data compilation for Workload

Old Version Problem

In order to obtain the data needed for compilation of data for AMIS and other reports, it was necessary to print many of the utilization and summary reports on a weekly or monthly basis.

New Version Correction/Change

In the near future, Pathology & Laboratory Medicine Service will be going to the new LMIP system of workload recording. The compilation of data for workload reports will become much easier with Version 5.2 due to the expanded workload capabilities which now include Blood Bank.

Until this replacement is completed, the collection of data for AMIS will be simplified. Instead of having to print a large number of different reports, it will be possible to obtain the majority of the data for the H28, H29, H84, and H86 segments from the new workload reports once workload is activated for Blood Bank and the data capture has been validated. These workload reports are designed for all areas within Pathology & Laboratory Medicine Service and are included in the main lab menu options. The data for the H01 segment and certain portions of the other segments not included in the regular workload reports can be obtained from the report generated by the new Blood Bank Administrative Data Report [LRBLA] option.

The listing in the Reports Menu Data Flow Chart in the areas designated as monthly reports and periodic reports have been amended to eliminate those reports for which data can be obtained via the mechanisms detailed above, while retaining those which are probably utilized for retaining hard copies of data or for other purposes such as Blood Transfusion Committee review.

Type(s) of Change

New Functionality

Enhancements to Blood Bank

● ENHANCEMENTS TO ANATOMIC PATHOLOGY

Data entry, anat path menu [LRAPD] changes

Provisional anatomic diagnosis, [LRAPAUPAD]

Old Version Problem (E3R 89-87, 90-46)

Autopsy reports were available as soon as the Report Date was entered. This was not consistent with the rest of the Anatomic Pathology package.

New Version Correction/Change

Autopsy reports must now be verified/released in the same manner as surgical path, cytopathology, and electron microscopy in order for them to be accessible to clinicians via the Clinician menu options. Two new fields have been added, that is Autopsy Release Date/Time (63, 14.7) and Autopsy Released By (63, 14.8).

A new field, Provisional AP Diagnosis Date (63, 14.9) has been added to accommodate issuance of an official Provisional Anatomic Diagnosis Report for Autopsies. By having a separate date field, it allows the issuance of this report to be tracked separately from that of the final report. This field is also used for the calculation of the turnaround time for the Provisional Anatomic Diagnosis (PAD).

New Version

This new option has been added to accommodate issuance of an official Provisional Anatomic Diagnosis Report for Autopsies. The information can be entered into the Pathology Diagnosis field. However, the fact that it is a Provisional Gross Anatomical Pathological Diagnosis (subject to revision), MUST be included to minimize confusion. If the facility wishes to have this information accessible via the options in the Clinician menu, it is necessary to verify the report. The status can later be changed to unverified during the time the final report information is being entered.

Type(s) of Change

Data Dictionary Change
New Functionality
New Option

FS/Gross/Micro/Dx [LRAPDGM]

FS/Gross/Micro/Dx/SNOMED Coding [LRAPDGS]

FS/Gross/Micro/Dx/ICD9CM Coding [LRAPDGI]

New Version Correction/Change

These options now allow you to manipulate the data entry/edit of the frozen section, microscopic, and gross description fields as well as entry/edit of the diagnosis field. The inclusion of the frozen section and/or diagnosis fields in the edit template is controlled by the Edit Pathology Parameters [LRAPHDR] option in the Supervisor's menu.

The names of the options have been changed:
from Microscopic/Gross Review
to FS/Gross/Micro/Dx,

from Gross/Review/Microscopic/SNOMED coding
to FS/Gross/Micro/Dx/SNOMED coding, and

from Gross/Review/Microscopic/ICD9CM coding
to FS/Gross/Micro/Dx/ICD9CM coding.

Type(s) of Change

New Functionality
Name Change

Supplementary Report, Anat Path [LRAPDSR]

Old Version Problem (E3R 92-02)

It would be useful if the SNOMED code fields could be added to the Supplemental report option.

New Version Correction/Change

New prompts have been added to allow the entry of SNOMED codes.

Type(s) of Change

New Functionality

Edit/modify data, anat path menu [LRAPE] changes

Edit log-in & clinical hx, anat path [LRAPED]

New Version Correction/Change

For autopsy quality assurance review purposes, a new field, Treating Specialty at Death (63,14.6) has been added to both the Log-in, Anat Path [LRAPLG] and the Edit Log-in data, Anat Path [LRAPED] options. If all of the data is entered, it is possible to have data on deaths sort by Service, Treating Specialty, and Physician using the QA Outcome Review Cases [LRAPQOR] option in the Supervisor's menu.

In order to allow the user to have more control over the length of the edit template in Edit Log-in & Clinical Hx, Anat Path [LRAPED] for autopsies, a new prompt has been added to allow the user to indicate whether the fields for weights and measurements should be included.

The name of the option has been changed from Edit log-in data, anat path to Edit log-in & clinical hx, anat path.

Type(s) of Change

Data Dictionary Change
New Functionality
Name Change

Modify anat path gross/micro/dx/frozen section [LRAPM]

Old Version Problem (93-09)

The option only allowed you to change the word processing field, Microscopic Exam/Diagnosis. There was no mechanism to edit the gross description in a manner which meets medical/legal requirements for documenting changes in verified data.

New Version Correction/Change

The option has been modified to allow modification of the gross description, the microscopic description, the diagnosis or the frozen section. If the gross description is selected, the Specimen field is also included for editing. Once any of these items are modified, the report immediately changes from a "released" status and the report is flagged as a modified report. The accession must be released again, using the Verify/Release Reports, Anat Path [LRAPR] option, once it is modified.

The name of the option has been changed from Modify Anat Path Micro/Dx to Modify Anat Path Gross/Micro/Dx/Frozen Section.

Type(s) of Change

Data Dictionary
New Functionality
Name Change

Edit anat path comments [LRAPEDC]

New Version

If a report is delayed, the reason(s) for delay may be entered here. They will appear on the log book report and the clinician screen display. This is accomplished by the use of new fields, Delayed Report Comment (#.97), under the Anatomic Path multiples in the LAB DATA file (#63).

The name of the option has been changed from Edit Anat Path Specimen Comments to Edit Anat Path Comments.

Type(s) of Change

Data Dictionary
New Functionality
Name Change

Inquiries, anat path menu [LRAPI] changes

Search options, anat path [LRAPSEARCH]

Old Version Problem (E3R 91-66)

When using the SNOMED search options, if the listing is longer than 1 page, the last line will have the first four columns of data printed, but the last 2 columns are missing. The first line of the next page will repeat this entry with all data present. The search summary at the end appears to count the incomplete entry plus the complete line as 2 entries in the total, instead of 1.

New Version Changes/Corrections

The form feed problem has been corrected in the new version.

Type(s) of Change

New Functionality

Log-in menu, anat path menu [LRAPL] changes

Log-in, anat path [LRAPLG]

Old Version Problem (E3R 93-50, 91-15)

The old version only allowed four choices for Autopsy Type (Full Autopsy, Head Only, Trunk only, Other Limitation). Also, the site cannot change the requesting location if the patient is an inpatient.

New Version Changes/Corrections

The new version allows two more choices (Chest Only and Abdomen Only) for the Autopsy Type. The site can now change the requesting location during log-in whether the patient is an inpatient or an outpatient.

For autopsy quality assurance review purposes, a new field, Treating Specialty at Death (63,14.6), has been added to both the Log-in, Anat Path [LRAPLG] and the Edit Log-in Data, Anat Path [LRAPED] options. If all of the data is entered, it is possible to have data on deaths sort by Service, Treating Specialty, and Physician using the QA Outcome Review Cases [LRAPQOR] option in the Supervisor's menu.

If the Ask Frozen Section field is set to "YES", (done using the Edit Pathology Parameters [LRAPHDR] option), that field will appear in the log-in template for those cases in which the information would be entered at that point in the process.

Type(s) of Change

Data Dictionary Change
New Functionality

Print log book [LRAPBK]

Old Version Problem (E3R 92-06, 92-37)

The user does not have the option of printing the SNOMED codes on the Log Book for autopsies. This option is available with cytologies and surgeries.

New Version Changes/Corrections

The user can print the SNOMED codes on the Log Book for autopsies.

Type(s) of Change

New Functionality

Print, anat path menu [LRAPP] changes

Print single report only [LRAP PRINT SINGLE]

Old Version Problem (E3R 93-06)

If an autopsy is logged into the REFERRAL PATIENT file (#67), you cannot get a printed report using the print options like Print Single Report [LRAP]. The patient name prompt only appears in upper case letters so you can't access the REF: file.

New Version

The "Select Patient Name" prompt now allows use of the extended syntax

Type(s) of Change

New Functionality

Alphabetical autopsy list [LRAPUA]

New Version

This new option provides a list of autopsies from one date to another and is meant to replace a site's card file of autopsies.

Type(s) of Change

New Option

New Functionality

Path cases by resident, tech, senior or clinician [LRAPAU]

New Version

This option now allows you to obtain a list by clinician as well as by the pathologists.

The name of the option was changed from List of path cases by resident, tech or, senior to Path cases by resident, tech, senior, or clinician.

Type(s) of Change

New Functionality
Name Change

% Pos, Atyp, Dysp, Neg, Susp, Unsat cytopath [LRAPCYPCT]

Old Version Problem (E3R 91-29, 92-32)

The morphology codes used were hard coded in the routine. Sites were not given any flexibility in the codes used.

New Version

A new multiple field, Morphology Code (File 69.2, field 12), has been added to accommodate the morphology codes to be used by the % Pos, Atyp, Dysp, Neg, Susp, Unsat Cytopath [LRAPCYPCT] option. This will allow the sites to specify the morphology codes which they commonly use. This is particularly useful for the atypia designations.

The name of the option was changed from % Pos, Neg, Susp, & Unsat Cytopath Specimens to % Pos, Atyp, Dysp, Neg, Susp, Unsat Cytopath.

Type(s) of Change

Data Dictionary Change
New Functionality
Name Change

Accession list with stains [LRAPSA]

Old Version Problem (E3R 93-27)

A lab user would enter block/stains in the AP module but only the numbers of slides prepared print out on the report option. The report does not print the number of control slides. The addition of the control slide information to the report should allow the user to visualize all information regarding the particular Block/stain at one time rather than having to step through the Enter/Edit option.

New Version

The option will print a number (such as 3/2) with 2 being the number of control slides

Type(s) of Change

New Functionality

Autopsy Slide Labels [LRAUMLK]

Old Version Problem

No ability existed to print autopsy labels, either with a set specimen label or with no specimen designated, but merely with an accession number and facility name.

New Version Correction/Change

Choices have been provided for the generation of microscopic slide labels for autopsies.

This new option has been added which allows the user to specify a number of labels to print for a given accession number, with no specific paraffin blocks or stains associated.

Type(s) of Change

Data Dictionary Change

New Functionality

New Option

Anatomic Path slide Labels [LRAPLM]

Old Version Problem (E3R 91-24)

1. On a recut, all labels for that accession have to be reprinted just to get a few extra labels
2. Have the ability to print control slide labels

New Version Correction/Change

It is now possible to reprint labels and to specify a range of numbers. The option also now works for Cytology as well as for Surgical Pathology.

The capability to create a generic list of labels to be used by Anatomic Path Slide Labels [LRAPLM] has been added. This is based on the new field in LAB SECTION PRINT file (#69.2), that is field 6, Generic List (Multiple-69.26), with the .01 field, Generic Label.

Type(s) of Change

New Functionality
Data Dictionary Change

Cum path data summaries [LRAPT]

Old Version Problem (E3R 91-122)

For the CUM path data summaries option, if you tried to print a second patient while the first report is printing, you would crash with an error.

New Version

The new version has corrected this problem.

Type(s) of Change

New Functionality

Supervisor, anat path menu [LRAPSUPER] changes

Delete anat path descriptions by date [LRAPDAR]

Old Version Problem (E3R 91-91)

There has been much discussion about purging the text (word processing field) of the AP module - especially the Surgical accession area. The diagnosis is considered to be, and is, more precise than the SNOMED codes which are most useful in searching. For the Cum Path summary, the codes are admittedly imprecise and thus, the need for seeing the diagnosis as given by the responsible pathologist.

New Version Correction/Change

The capability to exclude purging of the microscopic descriptions field and/or the frozen section field has been added. If so, the microscopic descriptions and/or the frozen section field will be saved. However, even if these fields are purged, the new Diagnosis fields for each area are not removed.

Type(s) of Change

New Functionality
New Prompt

Edit pathology parameters [LRAPHDR]

Old Version Problem (E3R 92-40)

1. The QA portion of the Anatomic Pathology module did not allow entry of TC codes for other than Surgical Pathology accessions.
2. No mechanism existed to enter and report information related to the Frozen section separately from that of the permanent sections.
3. The final diagnosis for the cases had to be incorporated into the text of the Microscopic Description/Diagnosis as there was not a separate field for diagnosis. This was true for all of the areas.

New Version Correction/Change

1. TC CODES will be available for Cytopathology and EM. This capability is activated by editing the pathology parameters to turn on "asking TC CODES."

2. A new prompt has been added to the Edit Pathology Parameters [LRAPHDR] option to allow the facility to choose to utilize the new Frozen Section diagnosis field. If this field is set to "YES", changes will appear in several options to accommodate the addition of the new word processing field for the frozen section diagnosis, including data entry, reporting and purging. As part of the data entry process, additional functionality was also added to ensure that the appropriate SNOMED procedure code was being captured, that is a reminder message is now displayed if an entry is made in the Frozen Section field.

If this field is set to "YES", the Report Header 3 (Field .13) to accommodate the header text for the Frozen Section text to appear in the Surgical Pathology Report, needs to be entered.

3. A new prompt has been added to the Edit Pathology Parameters [LRAPHDR] option to allow the facility to choose to utilize the new Diagnosis fields, that is Surgical Path Diagnosis, Cytopathology Diagnosis, and EM Diagnosis. If this field is set to "YES", changes will appear in several options to accommodate the addition of the new word processing field for the diagnosis, including data entry and reporting.

These fields cannot be purged, as the gross description, microscopic description and the comments fields can. Thus, allowing the actual description to be retained in addition to the specimen and the SNOMED coding. This field also appears in the Cum path summary option output. In the next version, this field will also be used to automate the SNOMED coding process.

If this field is set to "YES", the Report Header 4 (Field .14) to accommodate the header text for the Frozen Section text to appear in the Surgical Pathology Report needs to be entered.

NOTE: There actually are several options affected. However, the control mechanism is in this option.

4. The option's name was changed from Edit Pathology Report Parameters to Edit Pathology Parameters.

5. The site can customize their cytology labels by entering in a 1- 9 character label name rather than use the first nine characters of Cell Block, Cytospin, Membrane Filter, Prepared Slides, or Smear Prep.

Type(s) of Change

New Functionality
Data Dictionary Change
Name Change

Print path modifications [LRAPMOD]

Old Version Problem

When this option was used, all you can see is the changed report. You do not see what was there before (the original released report).

New Version

This option now allows you to print a report that has all the original data as well as any modifications to that data.

The name of the option has been changed from Print Path Micro/Dx Modifications to Print Path Modifications.

Type(s) of Change

New Functionality
Name Change

Frozen section, surgical path correlation [LRAPQAFS]

Old Version Problem (E3R 92-31)

When the quality assurance options were used, the anatomic reports automatically printed out at the end. This generated many pages of printed reports that were not always desired.

New Version Correction/Changes

A new prompt was added in the Frozen section, surgical path correlation option to allow the user to indicate whether the output should include the anatomic report.

Type(s) of Change

New Functionality
New Prompt

Malignancy review [LRAPQAMR]

Old Version Problem (E3R 92-31)

When the quality assurance options were used, the anatomic reports automatically printed out at the end. This generated many pages of printed reports that were not always desired.

New Version Correction/Changes

A new prompt was added in the Malignancy Review option to allow the user to indicate whether the output should include the report

Type(s) of Change

New Functionality
New Prompt

QA outcome review cases [LRAPQOR]

New Version

In order to enhance the usefulness of software in assisting with the mandated autopsy reviews for premortem/postmortem correlation, the output of the QA Outcome Review Cases [LRAPQOR] option has been revised. Data regarding these reviews can be entered using the existing QA code mechanism.

Type(s) of Change

New Functionality

10% Random case review, surg path [LRAPQAR]

Old Version Problem (E3R 92-31)

When the quality assurance options were used, the anatomic reports automatically printed out at the end. This generated many pages of printed reports that were not always desired.

New Version Correction/Changes

A new prompt was added in the 10% Surgical Path Random Review option to allow the user to indicate whether the output should include the report

Type(s) of Change

New Functionality
New Prompt

AFIP registries [LRAPAFIP]

New Version

This is a new menu that contains the following options:

- PO Prisoner of war veterans [LRAPDPT]
- PG Persian gulf veterans [LRAPPG]

Type(s) of Change

New Menu

Persian Gulf Veterans [LRAPPG]

New Version

This is a new option that prints a list of veterans who served in the Persian Gulf and who had pathology specimens.

Type(s) of Change

New Option
New Functionality

Anatomic pathology turnaround time [LRAPTT]

Old Version Problem (E3R 93-34)

LRUTT calculates turnaround time in excess of 1 day incorrectly. X (number of days) is added to 1440 (minutes in a day) when it really should be multiplied by 1440.

New Version

The turnaround time is calculated correctly in the new version.

Type(s) of Change

New Functionality

Move anatomic path accession [LRAPMV]

New Version

If it is necessary to transfer data associated with a specific surgical pathology accession from one file to another, for example, REFERRAL PATIENT file (#67) to PATIENT file (#2), OR from one patient to another within the PATIENT file (#2), this option can be used.

This new option eliminates the need to edit the global for those occurrences in which a surgical pathology accession is assigned to a patient and the error is not detected until after the report has been verified/released.

This option is locked with the LRLIAISON key because of the implications of such a data transfer.

Type(s) of Change

New Functionality

New Option

Edit Referral patient file [LRUV]

Old Version Problem (E3R 93-35)

When logging in surgical or cytology specimens, if the patient must be entered into the REFERRAL PATIENT file (#67), there is no provision to enter the sex. This becomes especially important with cytology specimens. It can be done/entered via FileMan but this is awkward and not all lab personnel are given FM access.

New Version

A new option in the AP supervisor menu allows the user to edit the fields in the REFERRAL PATIENT file (#67) .

Type(s) of Change

New Functionality
New Option

Clinician options, anat path menu [LRAPMD] changes

Edit/print/display preselected lab tests [LRUMD]

Old Version Problem (E3R 92-18)

The physician could not send his list of patients to print and usually did not have access to a slave printer.

New Version Correction/Change

You will be able to print both the patient list and the test list when using these options. If the test list is longer than one screen, only one screen at a time will display.

Type(s) of Change

New Functionality

Autopsy protocol/supplementary report [LRAPAUPT]

Old Version Problem (E3R 89-87, 90-46)

Autopsy reports were available as soon as the Report Date was entered. This was not consistent with the rest of the Anatomic Pathology module.

New Version

This new option has been added to the clinician's menu to accommodate viewing of released autopsy reports.

Examples:

1. If the site enters a provisional gross anatomical diagnosis and releases the report, this will be accessible until the accession is "unreleased".
2. If the site enters a provisional gross anatomical diagnosis and does not release the report, this will not be accessible until the accession is "released".

Type(s) of Change

New Functionality

New Option

Print surgical pathology report for a patient [LRAPSPSGL].
Print cytopathology report for a patient [LRAPCYSGL] &
Print electron microscopy report for a patient [LRAPEMSGGL]

New Version

In order to minimize the potential complications created by allowing printing of extra hard copies of pathology reports, a comment "see hard copy of report in chart" was added to the bottom of the report above the pathologist's name. In addition, the *SNOMED* codes were removed from the reports generated via these options.

Type(s) of Change

New Functionality

Workload, anat path menu [LRAPW] changes

New Version

This new menu contains the options for displaying and recording the anatomic pathology workload.

Type(s) of Change

New Menu

Cytopathology screening workload [LRAPWR]

New Version

This new option records the date/time cytopathology slides are screened and captures the screening workload.

Type(s) of Change

New Option
New Functionality

Display workload for an accession [LRUWL]

New Version

This new option displays the tests and WKLD codes for an accession. This report is sorted by date and accession area.

Type(s) of Change

New Option
New Functionality

EM scanning and photo workload [LRAPWE]

New Version

This new option allows recording workload for scanning and photography of EM grids and the making of prints.

Type(s) of Change

New Option
New Functionality

Surg path gross assistance workload [LRAPWRSP]

New Version

Use this option to record workload for gross description and cutting of surgical tissue by a nonphysician.

Type(s) of Change

New Option
New Functionality

General Functionality Changes

Pathology Report Heading

Old Version Problem (E3R 93-36)

The pathology report form SF515 has the heading "Pathological Report" just before the gross description.

New Version Correction/Change

The report now reads "Pathology Report".

Type(s) of Change

New Functionality

Autopsy Assistant field

Old Version Problem (E3R 92-77)

The field label, RESIDENT in the Autopsy Protocol, is inaccurate unless a resident assists at an autopsy. For sites with no pathology residents, this label is inaccurate. Change field label to ASSISTANT or create an additional ASSISTANT field.

New Version Correction/Change

A new field, Autopsy Assistant, has been created.

Type(s) of Change

New Functionality

Data Dictionary Change

SNOMED Code Field Definition

Old Version Problem (E3R 92-78)

The field containing the SNOMED codes in files 61-61.5 allow free text 2-7 characters. Local codes are sometimes made which use letters at the end. The problem is that the search options do not allow for any letters to be entered except the ones used by the official codes.

New Version Correction/Change

The SNOMED search options now allow the user to look for any codes even if they are not one of the official codes.

Type(s) of Change

Data Dictionary Change

Extended Syntax

Old Version Problem (E3R 93-06)

If an autopsy is logged into the referral file, you cannot get a printed report using the print options. The patient name prompt only appears in upper case letters so you can't access the REF: file.

New Version Correction/Change

The "Select Patient Name" prompt allow the use of the extended syntax.

Type(s) of Change

New Functionality

Anatomic Pathologist's Name

Old Version Problem (E3R 88-127)

In the provider file, if the appropriate professional title is entered, odd printouts occur in the AP module on reports, for example John MD Smith.

New Version Correction/Change

The Laboratory package now references the NEW PERSON file (#200), Provider Class field (53.5) and uses that title at the end of the name.

Type(s) of Change

New Functionality

ENHANCEMENTS TO GENERAL LABORATORY

Phlebotomy menu [LR GET] changes

Lab order by collection type [LRRP5]

New Version

This new option allows you to print a report for a certain date and collection type (Lab Collect, Send Patient, or Ward Collect).

Type(s) of Change

New Option
New Functionality

Print Future Collection Labels [LRUFCL]

Old Version Problem (E3R 91-73, 92-08, 93-47)

The collection list cannot build until the day of collection. The list needs to be printed earlier when a computer downtime is scheduled.

New Version Correction/Change

This new option will print any order that has the collection type of LAB COLLECT or IMMEDIATE COLLECT. This option could be used to print a list of patient collection labels in anticipation of computer downtime.

Type(s) of Change

New Option
New Functionality

Print Single Future Collection Labels [LRUFCLS]

New Version

This new option is a single order version of the Print Future Collection Labels [LRUFCK] option. The user must supply the order number.

Type(s) of Change

New Option
New Functionality

Order/Test Status [LROS]

Old Version Problem (E3R 93-07)

The Order/Test Status option would only allow you to look up orders for the last 30 days.

New Version Correction/Change

The option will now allow you to look at orders for the same number of days that are entered in the Grace Period for Orders field in the LABORATORY SITE file (#69.9).

Type(s) of Change

New Functionality

Accessioning menu [LR IN] changes

Accessioning tests ordered by ward order entry [LROE]

Old Version Problem (E3R 93-49)

When this option is used to enter consecutive orders on the same patient, the comment entered for the first order is repeated invisibly on the next order entered.

New Version Correction/Change

Version 5.2 will not do this.

Type(s) of Change

New Functionality

Fast Lab Test Order (SEND PATIENT) [LROW SEND PAT]

Old Version Problem (E3R 90-54)

This option allows orders to be entered with a past date.

New Version Correction/Change

Version 5.2 will not allow the entry of past dates for orders.

Type(s) of Change

New Functionality

Fast Lab Test Order (SEND PATIENT) [LROW SEND PAT]
Fast Lab Test Order (ROUTINE) [LROW ROUTINE]
Fast Lab Test Order (WARD COLLECT) [LROW WARD COL]

New Version Correction/Change

These options have been changed so that you can order tests one year in the future.

Type(s) of Change

New Functionality

Fast Lab Test Order (IMMEDIATE COLLECT) [LROW IMMEDIATE COLLECT]

Old Version Problem (E3R 86-04, 87-72, 90-83, 92-03)

There was not a functionality to order STAT, TIMED, ASAP, or IMMEDIATE COLLECT tests. The existing order entry options did not have the flexibility needed to handle "on demand" type testing.

New Version Correction/Change

The new option allow the wards to request immediate collection of a test specimen by the laboratory. In addition, the laboratory can set certain time frames and days of the week when this functionality will not be available.

Type(s) of Change

New Functionality

New option

Manual Enter Clinic Stop Codes [LRSTOPC]

Old Version Problem (E3R 88-19)

In order to improve Outpatient Clinic Visits statistics, laboratory personnel had to manually enter Stop Codes using the Clinic Visit Stops Add/Edit option.

New Version Correction/Change

The new version will automatically stuff the lab clinic stop code (108) during the accessioning of outpatient orders. On capturing the stop codes, the program will enter the person's DUZ that enters the test. The tasked option, LR Nightly, will process any stop code data that was not already processed.

It is recommended that the LIM coordinates with the MAS ADPAC before turning on the Transmit Clinic Stop Code field in the LABORATORY SITE file (#69.9) so that MAS will be aware that the stop code will be passed automatically. These codes will appear in the category of Computer Generated Stop Codes (MAS option - Stop Code Listing (Computer Generated) [SDACS CGSCLIST]).

However, there will be rare occasions when the lab will need to enter the stop codes manually. (for example, the computer has been down or certain blood bank procedures such as therapeutic phlebotomy)

Type(s) of Change

New Functionality
New Option

Multipurpose accessioning [LRQUICK]

Old Version Problem (E3R 94-06)

If, during the same sign on session, you both build a load/worklist and accession a patient using the Multipurpose Accessioning option, the labels that are printed include the standards and controls for the load/worklist.

New Version Correction/Change

The labels that print are for the accession only.

Type(s) of Change

New Functionality

Reprint order accession label(s) [LRLABXOL]

Old Version Problem (E3R 93-23)

The old version only had the ability to reprint accession labels by individual accession numbers.

New Version Correction/Change

This new option will reprint all the accession labels for an entire order.

Type(s) of Change

New Functionality
New Option

Process data in lab menu [LR DO!] changes

All Enter/Verify options

New Version

Version 5.2 allows tracking of who verifies which test. This information is available on the Summary List (Extended Supervisor's) [LRLISTE] report. The prompts have been changed to reflect this new approach.

Old Version:
TESTS DONE BY ('E' to edit data, 'C' to edit comments) SH// <RET>
Approve for release by entering your initials:

New Version
SELECT ('E' to Edit, 'C' for Comments, 'W' Workload) <RET>
Approve for release by entering your initials:

Whoever verifies the test is recorded and kept track of by test rather than the last person who verifies something on the accession being given credit for the whole thing. If you "Approve for release", you are accepting responsibility for that entry.

Type(s) of Change

New Functionality

Enter/verify/modify data (manual) [LRENTER]

Old Version Problem (E3R 87-53, 90-65)

The EM option needs to allow for data entry and review for each test without automatic verification.

New Version Correction/Change

This has been completed. As part of the change, there is an additional prompt that appears when you indicate that you are finished editing.

ACCESSION:	CH 0907 1	CH 0915 1
	09/07 0045d	09/15 0045d
GLUCOSE	123	100 mg/dL
COMMENT:		

This indicates

If you need to change something, enter your initials: <RET> <- that you are finished editing.

Approve update of data by entering your initials: SH
(GLUCOSE reported incorrectly as 154)

Type(s) of Change

New Functionality

Misc. processing [LR PROCESS, MISC]

New Version

A new menu has been created to contain some of the Process menu options.

Type(s) of Change

New Functionality

New Menu

WKLD log file download [LRCAPDL]

New Version

This option can be used to download data from the WKLD LOG file (#64.03) to spread sheets. Not all sites will want to use this option but it is available so that site specific reports can be generated.

Type(s) of Change

New Functionality
New Option

Rollover Accession (Manual) [LR ROLLOVER]

New Version

This option should be used if the task option, Rollover Accession (Manual) [LRTASK ROLLOVER], does not run for some reason. This option should not be the normal method for transferring incomplete accessions from the previous day to the present day's accession file.

Type(s) of Change

New Functionality
New Option

Fast bypass data entry/verify [LRFASST]

Old Version Problem (E3R 90-64)

Bypass normal data entry option will only allow one test to be entered at one time on a patient. The technologist should be able to enter multiple tests at a time.

New Version Correction/Change

The new option, Fast Bypass Data Entry/Verify, allows the user to accession several tests in different accession areas for the same patient.

Type(s) of Change

New Functionality
New Option

Std/QC/Reps Manual Workload count [LR WKLD STD/QC/REPS]

New Version

This new option allows the user to manually update the standards, QC and repeats workload counts as well as add manual workload counts.

The user will have the opportunity of adding standards, QC and repeats at the end of every verification session if the Workload On field (#10) and the Collect STD/QC/Repeats field (#11) are set to "YES".

Type(s) of Change

New Functionality
New Option

Quality control menu [LRQCM] changes

Add/Edit QC Name and/or Edit Test Names [LRQCADDNAME]

Old Version Problem (E3R 89-34)

When using the option, Add/Edit QC Name and/or Edit Test Names [LRQCADDNAME], the prompt asks whether you want to see all the entries in the LAB CONTROL NAME file (#62.3). When answered "YES", not all the entries are shown. Technologists needing to do editing in the LAB CONTROL NAME file (#62.3) cannot see all of the entries with the intended menu option.

New Version Correction/Change

This option now allows you to see all the entries.

Type(s) of Change

New Functionality

Quality control display (Levy-Jennings) [LRQC]

Old Version Problem (E3R 89-12, 89-34)

If the field, Exclude Data, is flagged "YES", no Levy-Jennings chart can be printed. After data entry is excluded, one may still want to graph from the data previously collected.

New Version Correction/Change

Even if data entry is excluded, you may produce a Levy-Jennings chart.

Type(s) of Change

New Functionality

Results menu [LR OUT] changes

Interim report [LRRP2]

Old Version Problem (NOIS GRJ-1093-50007)

When using the interim report option, the user had to enter a date for the starting date that was closer to today than the ending date. If this occurred, the user would see a FileMan date as a default on the second try.

New Version Correction/Change

The date prompts work whichever way you enter the dates.

Type(s) of Change

New Functionality
Change in Functionality

Interim report by Provider [LRRD]

Interim reports by location (manual queue) [LRRS]

Interim reports for 1 location (manual queue) [LRRS BY LOC]

Interim report for 1 provider (manual queue) [LRRD BY MD]

Old Version Problem (E3R 90-63, 91-09, 92-70)

When using the interim report options that did not use the patient name as the sorting mechanisms, you were not allowed to select a range of dates.

Another problem was that the user had to type in an exact match for the location at the "Select PATIENT LOCATION" Prompt. The program would only accept the exact match to a location. For example, you would have to enter exactly "1E". The program would not accept a "1"

New Version Correction/Change

You can now select a date range. The program now will accept a less than exact location. For example, you may enter a "1" and the program will find all matches to the entry.

Type(s) of Change

New Functionality
Change in Functionality

Ward lab menu [LRWARDM]

Lab test order [LROW]

Old Version Problem (NOIS ISH-1092-40002)

This option would display the collection order cut-off times even if you do not choose (B)LOOD for lab collection.

New Version Correction/Change

This option shows the collection order cut-off times only if the user chooses the lab collection prompt.

Type(s) of Change

Change in functionality

Microbiology menu [LRMI] changes

Results entry (batch) [LRMISTUF]

Old Version Problem (E3R 92-11)

The User crashes with a bad command detected in ^DIE if a semicolon is used to punctuate text stuffed in the Parasite Rpt Remark field.

New Version Correction/Change

This option will now accept the semicolon.

Type(s) of Change

Change in functionality

Results entry [LRMIEDZ]

Old Version Problem (E3R 88-111, 89-09, NOIS MAD-1092-40003)

On entering a gram stain result, a date was automatically set for approval when entering the accession. Even if no data is entered, it is impossible to remove the accession once this is done.

The NOIS call reported an undefined error if you timed out at the "BACT RPT STATUS:" prompt.

New Version Correction/Change

Data now must be entered before the accession is "locked in" and you do not an undefined error is you time out.

Type(s) of Change

Change in functionality

Verification of data by supervisor [LRMIVER]

Old Version Problem (E3R 92-96)

This option would not allow the verification of tests that were not in a yearly accession area.

New Version Correction/Change

This has been corrected.

Type(s) of Change

New Functionality

Review Accession Workload [LR WKLD AUDIT]

New Version Correction/Change

This is one of the new options designed to work with the new workload functionality. This option allows one to review what workload has been completed for a given accession.

Type(s) of Change

New Functionality

Updated Vitek/Microscan section

New Version

The section on the Vitek automated Microbiology instrument is now located in the Technical Manual. This section has been edited to reflect new information concerning the interfacing of this instrument.

Type(s) of Change

New Functionality

Microbiology Report Status field

New Version

A patch to Version 5.1 corrected the problem of getting an undefined error if you used an "^" at the Report Status field in Microbiology.

Type(s) of Change

Patch to Version 5.1 - new to documentation

Typo in Micro report Display/Print

Old Version Problem (E3R 91-86)

Spelling error in parasitology preliminary report. ("* PARASITOLOGY PRELIMIARY REPORT =>")

New Version Correction/Change

Spelling error is corrected. ("* PARASITOLOGY PRELIMINARY REPORT =>")

Type(s) of Change

Corrected spelling

Microbiology Execute Codes

Old Version Problem (E3R 90-26)

The Microbiology edit codes do not allow editing of the Collection Sample data field. Errors cannot be corrected once the entry is accepted.

New Version

With Version 5.2, no data is being exported with the EXECUTE CODE file (#62.07). Any modification of the execute codes will have to be done on the local level.

MIC Default Interpretation

Old Version Problem (E3R 93-59)

When the site changes the MIC entries in the ANTIMICROBIAL SUSCEPTIBILITY file (#62.06), the AI crossreference gets deleted.

New Version Correction/Change

The AI cross-reference is no longer deleted.

Type(s) of Change

Change in functionality

Supervisor menu [LRSUPERVISOR] changes

Manual Queuing of Fileroom Cum [LRAC MANUAL FILEROOM CUM]

New Version

If the Fileroom cumulative is not being automatically run through the LRTASK CUM FILEROOM option, this option may be used to run that cumulative.

Type(s) of Change

New Functionality
New Option

Reprint a Permanent Page from Cumulative [LRAC 1 PAGE]

Old Version Problem

Older versions of the Laboratory package did not allow you to reprint permanent Miscellaneous pages.

New Version Correction/Change

The option now allows you to print all permanent pages from the Cumulative.

Type(s) of Change

Change in Functionality

Add a new WKLD code to file [LRCAP CODE ADD]

New Version

This option allows the site to "create" an individualized workload code for a specific test/procedure and instrument/method by combining the workload code for the test with a suffix code for the instrument.

Type(s) of Change

New Functionality
New Option

Convert Archived Data to Use New Person file [LR ARCHIVE NP CONVERSION]

New Version

Data that has been archived before Version 5.2 will have pointers to the USER file (#3), the PROVIDER file (#6) and the PERSON file (#16). The option will allow you to convert "old data" to use the NEW PERSON file (#200) and readable by Version 5.2.

Type(s) of Change

New Functionality
New Option

Check Files for Inconsistencies [LRCHKFILES]

Old Version Problem

The Blood Bank files were not checked by this option.

New Version Correction/Change

The Blood Bank files are now checked just like the other files when this option is used.

Type(s) of Change

New Functionality

Download Format for Intermec Printer [LR BARCODE FORMAT LOAD]

New Version

This option is used to download the printer format for barcode accession labels.

Type(s) of Change

New Functionality
New Option

LIM workload menu [LR LIM/WKLD MENU]

New Version

This is a new menu containing workload specific options that are locked either by the LRSUPER or the LRLIASON keys.

Type(s) of Change

New Menu

Detail workload report [LRRP6]

New Version

Provides a detailed print of the tests/WKLD codes for a specific date range.

Type(s) of Change

New Functionality
New Option

Etiology WKLD Codes (Force) [LRCAPF]

New Version

To use the new version workload capabilities, certain files must have the correct workload codes inserted. The ETIOLOGY FIELD file (#61.2) would normally require many hours of work by the LIM to properly insert the codes. This file stuffer capability will help reduce the time needed to perform the task. This option is used to automatically add WKLD codes into the ETIOLOGY FIELD file (#61.2). A sort template must be created using standard FileMan options. This option will utilize the selected template and then add WKLD codes.

Details are available in the Planning and Implementation Guide in the Microbiology Implementation section.

Type(s) of Change

New Functionality
New Option

File 81 conversion [LRBLPOST]

New Version

This option (located on the LIM WORKLOAD menu) is locked with the LRLIASON key and needs to be run ONLY by those sites who have entries in File 81, field 66. For those sites having entries, this routine will need to be run as soon as possible after installation of Version 5.2 since the checks included in the component request entry options now point to the new file.

Type(s) of Change

New Functionality
New Option

LMIP Reports/Data Collection [LR WKLD4]

New Version

This new menu contains the LMIP report options. The entire menu is locked with the LRLIASON key.

Type(s) of Change

New Menu

PHASE 1: Move data from 64.1 to 67.9 [LR WKLD LMIP 1]

New Version

This option performs the first step in producing your monthly report for LMIP and management. This option extracts data from your WKLD DATA file (#64.1), condenses the data and stores it in the LAB MONTHLY WORKLOAD file (#67.9).

NOTE: Non patients are those entries in the REFFERAL PATIENT file (#67) and patients (both in and out) are from the PATIENT file (#2).

Type(s) of Change

New Functionality
New Option

PHASE 2: Collect data for transmit to NDB [LR WKLD LMIP 2]

New Version

This option is the second stage of LMIP data reporting. The data is condensed even more and prepared for transmission to the National Data Base (NDB).

Type(s) of Change

New Functionality
New Option

PHASE 3: Print of data to be sent to NDB [LR WKLD LMIP 3]

New Version

This option produces a "human readable" report of the data the system has collected for the requested reporting period.

Type(s) of Change

New Functionality
New Option

PHASE 4: Create E-mail message for NDB [LR WKLD LMIP 4]

New Version

This option is the last phase of data collection. This option will place the formatted data into an appropriately formatted mail message.

Type(s) of Change

New Functionality
New Option

PHASE 5: Purge monthly WKLD data from 67.9

New Version

This option is used to purge LMIP data from the LAB MONTHLY WORKLOAD file (#67.9) after data has been sent to the NDB.

Type(s) of Change

New Functionality
New Option

RCS-CDR/LMIP report [LRCAPM5]

New Version

This option will provide a report based on treating specialty codes. The data is from the LAB MONTHLY WORKLOAD file (#67.9), the same as used for the LMIP reports. The LMIP choice in this report consists of two pages that closely follows the LMIP report you are presently sending in to central office.

Type(s) of Change

New Functionality
New Option

Recompile Phase 1 LMIP data [LR WKLD LMIP 1 REPEAT]

New Version

This option allows the user to rerun Phase 1 of LMIP data collection. This option deletes the data in 67.9 and reset the pointer in 64.1 to allow the data to be recompiled again.

Type(s) of Change

New Functionality
New Option

Supervisor workload menu [LR SUPER/WKLD MENU]

New Version

New menu that contains the workload options available to the lab supervisor.

Type(s) of Change

New Menu

Treating Specialty Workload Report [LRCAPTS]

Old Version Problem (E3R 88-20, 88-65, 88-66, 91-0491-06)

The option, CAP Statistics by Treating Area, counted each individual Hospital Location separately. This resulted in multiple outpatient clinics being listed separately since they had different names.

New Version Correction/Change

This new option has changed how workload is counted.

Type(s) of Change

New Functionality
New option

Workload code list [LRCAPD]

New Version

This option will print a list of all the WKLD codes in the LABORATORY TEST file (#60).

Type(s) of Change

New Functionality
New Option

Workload cost report by major section [LRCAPML]

New Version

This report is summed by major section and lab subsection. You must have the cost entered for the specific WKLD code in WKLD CODE file (#64) in the Cost field (#7).

Type(s) of Change

New Functionality
New Option

Workload Report [LRCAPR1]

Old Version Problem (E3R 93-26)

An option is needed that will identify STAT lab requests by location/provider for usage in QA.

New version

This new option allows generation of a workload report by numerous combinations of selection criteria. This report can be produced in a detailed or condensed format. You can select STAT tests only and you can select which location(s) you want.

Type(s) of Change

New Functionality

New Option

Workload statistics by accession area and shift [LRRP8]

Old Version Problem (E3R 94-20)

The option, Accession and Test Counts by Shift [LRUPACS], automatically defines the shifts. The site needs to be able to define the time of the shifts.

New Version

This option provides a report that is a summary of workload statistics broken down by time ranges, accession areas and WKLD codes. The site defines the time ranges.

Type(s) of Change

New Functionality
New Option

Workload Statistics by Major Section [LRCAPMA]

New Version

This workload report is summed by LAB division, major section, and subsection.

Type(s) of Change

New Functionality
New Option

Turn on site workload statistics [LR WKLD STATS ON]

New Version

This new option allows the user to turn on the workload compiling features of Version 5.2. This option allows you to answer yes to the WKLD Stats On field in the Laboratory site file (#69.9). You must also turn on the switch that controls the accession area (Workload On - in ACCESSION file (#68)).

Type(s) of Change

New Functionality
New Option

Turn on workload stats for accession area [LR WKLD STATS ON ACC AREA]

New Version

This new option allows the user to turn on the workload data collection for a specific accession area by using the Workload On field in the ACCESSION file (#68). You must first have answered "YES" to the WKLD Stats On field in the LABORATORY SITE file (#69.9).

Type(s) of Change

New Functionality
New Option

Re-index Antimicrobial Suscept File (62.06) [LRMIXALL]

New Version

This option is used to re-index a single antibiotic in the ANTIMICROBIAL SUSCEPTIBILITY file (#62.06). This option differs from the FileMan re-index option in two ways.

1. This option removes all X-ref entries.
2. It allows the user to select a single antibiotic.

When a selection is made, X-Ref of "AI", "AJ", and "AS" cleared and redefined.

NOTE: This option may be used when trouble shooting a printout of antibiotics on the Microbiology Results printout.

Type(s) of Change

New Functionality
New option

Watch the data in the LA global [LA WATCH]

New Version

You can now watch the verifiable data in the ^LAH global using this option.

Type(s) of Change

New Functionality

Audit of deleted/edited comments [LRDCOM]

Old Version Problem (E3R 92-34)

The option, Audit of Deleted Comments [LRDCOM], lists edited comments also. The program also did not allow anyone without the LRSUPER key to delete comments.

New Version Correction/Change

The option was renamed and the report now is captioned to read, "DELETED/EDITED COMMENTS".

The program now allows the deletion of comments without the user having the LRSUPER key. However, all computer generated comments such as "TESTNAME incorrectly reported as VALUE" cannot be deleted unless the user has the LRSUPER key.

Type(s) of Change

Name Change

New Functionality

Changes in verified lab data [LRUER]

New Version

A new option, Changes in Verified Lab Data [LRUER], has been added to the Supervisor menu [LRSUPERVISOR] to allow tracking of changes in verified laboratory results for "CH" subscripted tests for quality assurance purposes. This option is somewhat analogous to the Audit data changes report option for Blood Bank.

There are two choices for this option. One choice, the "reported incorrectly as" comments, reports the changes made in verified data and the other, the "specimen rejected" comments, when the lab collection team rejects

Type(s) of Change

New Functionality

New Option

Search for Critical Value Flagged Tests [LRSORC]

Old Version Problem (E3R 87-68, 87-103, 92-34)

The Search for Critical Value Flagged Tests [LRSORC] option will not allow you to sort by accession area and the report does not have the collection date for the specimen.

New Version Correction/Change

Version 5.2 will allow you to sort by accession area, patient name or location. The collection date is also printed.

Type(s) of Change

New Functionality

Search for High/Low Values of a Test [LRSORA]

Old Version Problem (E3R 88-59, 89-04, 92-48)

When the High/Low Value search is printed, the date for the specimen does not contain the year. This causes confusion if the search has dates from different years. The report does not have the collection date for the specimen.

New Version Correction/Change

When you print a High/Low Value search, the year appears as part of the date of the specimen. The report has also been reformatted to make it easier to read. The collection date is also printed.

Type(s) of Change

New Functionality
Output Redesigned

Summary List (Extended Supervisor's) [LRLISTE]

Old Version Problem (E3R 86-12, 87-65, 87-101, 92-59)

The Summary List (Supervisor's) report showed the last person to verify a test in an accession number. Multiple people could have verified individual tests on that accession number but there was not a record of who verified what.

New Version Correction/Change

The new report now indicates if more than one person did the verifying.

Type(s) of Change

New option

VA FileMan [DIUSER]

Old Version Problem

Many sites did not allow their Lab Supervisors or Laboratory Information Managers (LIMs) full FileMan menu access. Every time the lab package was installed, they had to manipulate the menus to remove the VA FileMan menu and put the approved local variant on the menu.

New Version Correction/Change

With Version 5.2, VA FileMan will not be exported with the Laboratory package. IF you need to keep this menu, you MUST have your IRM assign it to you.

Type(s) of Change

menu change

Diagram Menus [XUUSERACC]

New Version Change

With Version 5.2, this option will not be exported with the Laboratory package. IF you need to keep this option, you MUST have your IRM assign it to you.

Type(s) of Change

menu change

Technical Changes

Hooks for Timing Response Log

New Version

Hooks have been added so that the "process time" for Lab processes can be monitored by the System Manager.

Type(s) of Change

New Functionality

Kernel Form Feed Standard

New Version (E3R 92-94, 93-37)

Version 5.2 of the Laboratory package conforms to the new Form Feed standard that Kernel 7.0 addressed. The reports do not start with a form feed but will end with one.

Type(s) of Change

New Functionality
New Requirement

File 69.9 - Collection List Build \$H field

Old Version Problem (E3R 91-07)

The program displayed the date in the \$H format which is hard to read.

New Version Correction/Change

The program now displays the date in an eye readable format.

Type(s) of Change

Change in Functionality

Programming Change - Locks

New Version

All locks are now incremental.

Type(s) of Change

Change in Functionality

Container Field, LABORATORY TEST file

Old Version (NOIS MAD-0491-40001)

The information in the COLLECTION SAMPLE FILE (#62) could be changed without causing a corresponding change in the LABORATORY TEST file (#60).

New Version Correction/Change

The files were changed so that the Container field, in the LABORATORY TEST file (#60), is now a computed field. The field will be automatically filled in by the system if there is a Tube Top Color (Field #3) defined in the COLLECTION SAMPLE FILE (#62) for that collection sample.

Type(s) of Change

Change in Functionality

Misspelling in Routine

Old Version (NOIS TAC-0394-50019)

The word ACCESSIONS is misspelled as ACCESIONS in the routine LRAPDA.

New Version Correction/Change

Corrected.

Type(s) of Change

Corrected spelling

Removal of Obsolete Field

Old Version (NOIS ISH-121-40001)

The field, Can Be Ordered Stat, in the ACCESSION TEST GROUP file (#62.6) was only partially removed with Version 5.1. Some sites, that had entries in that field, did not have the field completely removed.

New Version Correction/Change

The field is removed to avoid any confusion with the urgency determinants in OE/RR Version 2.5.

Type(s) of Change

Corrected spelling

General Functionality Changes

Display STAT on Verify Screens

Old Version Problem (E3R 87-97)

There is no indication that an order is STAT when you verify a test.

New Version Correction/Change

When verifying tests, a warning will be displayed is that test has a STAT urgency. The warning will display if the Urgency Alert field (#613) in the LABORATORY SITE file (#69.9) has an entry

Type(s) of Change

New Functionality
Output Redesigned

Bar code enhancements

Old Version Problem (E3R 87-105)

The laboratory package did not have the capability to automatically print bar code labels with the accession number.

New Version Correction/Change

Bar code labels can be set up to automatically print for a particular accession area. Routines have been written for the OTC and Intermec printers.

Type(s) of Change

New Functionality

Provider name/title/key

Old Version Problem (E3R 88-127, 89-88, 90-76, 90-82)

The provider name, title and abbreviation were handled differently depending on what option was being used. Some options looked at the patient file for the provider name and some to the provider file and some to the person file.

New Version correction

All information concerning the provider will be in the NEW PERSON file (#200). The security keys, the title, the abbreviation and the name of the provider will all be in this file. Options will now need to look in only one file for provider information instead of the two or three files that had to be checked previously.

Type(s) of Change

Change in Functionality
New Requirement

Show Order Comments

Old Version Problem (94-08)

Order comments entered by Ward Order Entry do not show up on the interim report for microbiology. These order comments contain pertinent information entered by the ward that needs to be displayed to the user.

New Version Correction/Change

The comments are now printed on the interim reports.

Type(s) of Change

Change in Functionality

Incomplete Test List

Old Version Problem (E3R 91-02)

1. The program would place an "input only" test on the incomplete list and you could not remove the test from the list.
2. Completed tests occasionally show up on the incomplete test list because the results were entered under the original accession date rather than the "rollover" today's date.

New Version Correction/Change

1. The program does not put input only tests on the incomplete list.
2. All tests are completed when entered under either the original accession date or today's date.

Type(s) of Change

Change in Functionality

Display of Provider during Verification

Old Version Problem (E3R 92-95)

The ordering provider was not displayed on the screen during result verification. This would facilitate provider notification for critical values.

New Version Correction/Change

All the verification options except group verify or batch verify displays the provider on the screen.

Type(s) of Change

Change in functionality

Label printing

Old Version Problem (E3R 87-40, 87-76)

If more than six tests were on a single accession number, some of the names were not printed on the label.

New Version Correction/Change

The new label routine will print ** if there are additional tests not on the label.

Type(s) of Change

New Functionality

New Documentation Subfile

Old Version Problem (E3R 93-15)

The sites did not have a place to put on-line documentation.

New Version Correction/Change

A new subfile, Site Notes Date, was placed in field (#505) in the LABORATORY TEST file (#60), field (#501) in the EXECUTE CODE file (#62.07), and field (#107) in the AUTO INSTRUMENT file (#62.4). It is a date/time multiple that can be used to document any changes to these files

Type(s) of Change

New Functionality
Data Dictionary change

Cumulative Update

Old Version Problem (E3R 88-130, 91-82, 93-20)

1. You cannot print the outpatient and inpatient cumulatives at different times.
2. The locations entered in the Separate Report Location field do not print in the terminal digit order as the other cumulatives do.
3. Additional fileroom report locations are needed for filerooms in outpatient labs which are in separate locations.

New Version Correction/Change

The new functionality for the Cumulative allows different groups of cumulatives to be printed at separate times. All cumulatives designated as separate filerooms now print in the terminal digit order and additional fileroom report locations can be created.

A new option was created to allow the tasking of the fileroom cumulative. The option is Task Cumulative Fileroom Report [LRTASK CUM FILEROOM].

Type(s) of Change

New Functionality
Data Dictionary change
New Option

Ektachem problems

Old Version Problem (E3R 92-64, 93-30)

1. The download will fail if the number one cup has an accession with a specimen type other than one that the Ektachem will accept.
2. The names for samples accessioned for files other than PATIENT will not transmit when downloaded by the LADOWN routine.

New Version Correction/Change

1. The routine now sets a default specimen type of serum that corrects this problem.
2. The LADOWN routine accepts the names for samples from all the files (such as REFERRAL PATIENT (#67), RESEARCH (#67.1), etc.,).

Type(s) of Change

Coding Change

LRTASK CONJAM routine change

Old Version Problem (E3R 94-05)

The controls accessioned by the nightly job can be assigned a strange LAB ARRIVAL TIME such as 09/21/93 01:81.

New Version Correction/Change

The tasked job now checks the system clock rather than just counting the minutes from the time the task is queued to run.

Type(s) of Change

Coding Change

Workload Functionality

Updating WKLD code file

Old Version Problem

Due to the explosive growth of new methods and instrumentation, the College of American Pathologist could not update their workload codes (CAP codes) fast enough to keep pace with the demand from the field. Each site was able to create their own "code" but this led to confusion between sites.

New Version Correction/Change

To keep pace with the demand from the field, CAP codes will be replaced with WKLD codes created and controlled by the Laboratory package of the DHCP. All DHCP sites will use the same set of codes and only the Laboratory developers will be able to add new codes.

Type(s) of Change

New Functionality

Venipuncture Workload codes

Old Version Problem (E3R 88-64)

The venipuncture (travel time) procedure code associated with the LAB COLLECT accessions was not being properly counted. At the same time, the venipuncture procedure code associated with SEND PATIENT accessions was not being captured.

New Version Correction/Change

The venipuncture counts can be collected automatically with Version 5.2.

Type(s) of Change

New Functionality

E3Rs addressed by Workload rewrite

- 87-47 Count Accession Tests option should allow you to select one particular test, one particular location or a combination of the two.
- 88-65 CAP Statistics by Treating Area should allow sorting for Ambulatory Care clinics.
- 88-67 AMIS/CAP procedure name linked to site/specimen - need to allow the DEFAULT: YES and the AMIS/CAP CODE TEST name to be linked to the SITE/SPECIMEN multiple in File 60.
- 88-69 AMIS/CAP procedure code suffix number: the same test may be done on different instruments but only one suffix code is allowed as a default
- 89-83 Workload reporting - CAP statistics are captured for all tests not just the ones that have AMIS/CAP procedures defined
- 89-85 CAP workload reporting - edit CAP procedure using the EW option
- 89-86 CAP workload counts - CAP statistics should be a part of the LOAD/WORKLIST file
- 90-16 Tests that are canceled are still counted for the AMIS/CAP procedure
- 90-92 *Have the ability to request a summary or the full BB AMIS report*
- 91-19 Allow duplicate CAP codes under same test - allow entry of duplicate CAP codes under the same test on an accession number
- 91-36 Blood Team AMIS counts - AMIS counts for the number of patients drawn by the lab phlebotomy team must be done manually.
- 91-269 AMIS/CAP portion: modified so that duplicate CAP codes may be entered
- 92-13 Need ability to print all counting options by location or by individual test.
- 92-33 Count Accession Test option should be able to sort by one location for all accession areas.

New Version

These E3Rs are considered completed with the new workload functionality.

Type(s) of Change

New Functionality

REFERENCE SECTION

List of New Options/Menus

LR ARCHIVE NP CONVERSION	Convert archived data to use New Person file
LR BARCODE FORMAT LOAD	Download Format for Intermec Printer
LR LIM/WKLD MENU	LIM workload menu
LR PROCESS, MISC	Misc. Processing
LR ROLLOVER	Rollover Accession (Manual)
LR SUPER/WKLD MENU	Supervisor workload menu
LR TASK CUM FILEROOM	Task Cumulative Fileroom Report
LR WKLD LMIP 1	PHASE 1: Move data from 64.1 to 67.9
LR WKLD LMIP 1 REPEAT	Recompile Phase 1 LMIP Data
LR WKLD LMIP 2	PHASE 2: Collect data for transmit to NDB
LR WKLD LMIP 3	PHASE 3: Print of data to be sent to NDB
LR WKLD LMIP 4	PHASE 4: Create E-mail message for NDB
LR WKLD LMIP 5	PHASE 5: Purge monthly WKLD data from 67.9
LR WKLD4	LMIP Reports/Data Collection
LR WKLD AUDIT	Review Accession Workload
LR WKLD STD/QC/REPS	Std/QC/Reps Manual Workload count
LRAC MANUAL FILEROOM CUM	Manual Queuing of Fileroom Cum
LRAPAFIP	AFIP registries
LRAPAU	Alphabetical autopsy list
LRAPAUAD	Provisional anatomic diagnoses
LRAPAUPT	Autopsy protocol/supplementary report
LRAPMV	Move anatomic path accession
LRAPPG	Persian gulf veterans
LRAPW	Workload, anat path
LRAPWE	EM scanning and photo workload
LRAPWR	Cytopathology screening workload
LRAPWRSP	Surg path gross assistance workload
LRAUMLK	Autopsy Slide Labels (generic)
LRBLA	Blood Bank Administrative Data
LRBLAA	Crossmatch/Transfusions by Specialty/Physician
LRBLCN	Blood bank consultation reports
LRBLJM	Edit pooled blood product
LRBLPH	Patient Medication List
LRBLPOST	File 81 conversion
LRBLPTXR	Unknown unit transfusion reaction
LRBLQSDD	Single donor demographic information
LRBLSRQ	Blood component request edit
LRBLSW	Blood bank workload
LRBLTA	Transfusion reaction count
LRBLVAL	Blood Bank validation documentation
LRBLVALI	Validation documentation
LRBLVALP	Print blood bank validation
LRCAP CODE ADD	Add a new WKLD code to file
LRCAPAMS	RCS-CDR/LMIP REPORT
LRCAPD	Workload code list
LRCAPDL	WKLD log file download
LRCAPF	Etiology WKLD Code Stuffer
LRCAPMA	Workload Statistics by Major Section
LRCAPML	Workload cost report by major section
LRCAPRI	Workload Report
LRCAPTS	Treating Specialty Workload Report
LRFASTS	Fast Bypass Data Entry/Verify
LRLABXOL	Reprint order accession label(s)
LRLISTE	Summary list (extended supervisors')

Reference Section

LRMITS	Microbiology Trend Report
LRMIXALL	Re-index Antimicrobial Suscept File (62.06)
LROW IMMED COLLECT	Fast lab test order (IMMEDIATE COLLECT)
LRRP5	Lab orders by collection type
LRRP6	Detail workload report
LRRP8	Workload statistics by accession area and shift
LRSTOPC	Manual Enter Clinic Stop Codes
LRTASK CUM FILEROOM	TASK CUMULATIVE FILEROOM REPORT
LRUER	Changes in verified lab data
LRUFCL	Print Future Collection Labels
LRUFCLS	Print Single Future Collection Label
LRUV	Edit referral patient file
LRUWL	Display workload for an accession

List of Deleted Options

The first section of LR CAP options are being deleted due to the change of workload recording functions with this version. (They are replaced with LR WKLD options that perform similar functions.)

The second listing consists of:

1. Other LR options that are no longer needed.
2. Options that are old ones that have not been attached to active menus for more than one version.
3. Others are old menus that need to be cleaned out of the program.

LR CAP	Lab statistics menu
LR CAP CODE BY CODE	CAP code list by code
LR CAP CODE BY NAME	CAP code list by name
LR CAP COMMENTS	Edit Workload Comments
LR CAP MANUAL	Manually compile CAP and workload counts
LR CAP REQUEST	Requesting center dictionary
LR CAP MANUAL INPUT	Workload Manual Input
LR CAP SECTION BY CODE	Lab section list by code
LR CAP SECTION BY NAME	Lab section list by name
LR CAP SERVICE	Service dictionary
LR CAP STATS ON	Turn on site workload statistics
LR CAP STATS ON ACC AREA	Turn on workload stats for accession area
LR CAP STD/QC/REPS	Std/QC/Reps Manual workload count
LR CAP SUB BY SECTION	Lab subsection by Lab section
LR CAP SUBSECTION	Lab subsection list
LR CAP TEST DICT	Test dictionary
LR CAP2	CAP statistics reports
LR CAP3	File listings
LRCAPL	CAP statistics by Treating Area

LR CAP1	Edit CAP options
LRAPRPT	Pathology reports for a patient
LRAPSGL	Print a pathology report for a patient
LRAU	Autopsy pathology
LRAUDA	Data entry, Autopsy Path
LRAUDAA	Autopsy protocol & ICD9CM coding
LRAUDAB	Autopsy protocol & SNOMED coding
LRAUDAC	SNOMED coding, Autopsy Path
LRAUDAI	ICD9CM coding, Autopsy Path
LRAUDAP	Autopsy protocol
LRAUDAR	Delete autopsy protocols by date
LRAUDAS	Special studies, Autopsy
LRAUFAD	Final Autopsy Diagnoses Date
LRAULG	Log-in, Autopsy path
LRAUP	Print option, Autopsy path
LRAUPRO	Protocols, Autopsy

Reference Section

LRAURV	Autopsy Data Review
LRAUS	Search options, Autopsy path
LRAUSM	Morphology field search, Autopsy path
LRAUSD	Disease field search, Autopsy path
LRAUSE	Function field search, Autopsy path
LRAUSE	Etiology field search, Autopsy path
LRAUSI	ICD9CM code search, Autopsy path
LRAUSP	Procedure field search, Autopsy path
LRAUSTATUS	Autopsy status list
LRCAPE	Edit CAP defaults and param for individual tests
LRCAPE1	Edit/setup entries for CAP statistics
LRCAPE2	Edit CAP param for all tests
LRCAPED	Manual edit of CAP and WORKLOAD data.
LRCAPS	CAP statistics summary
LRCAPW	CAP workload statistics
LRCY	Cytopathology
LRCYCUM	Display cytopath reports for a patient
LRCYDA	Data entry, Cytopath
LRCYDAA	Gross review/Microscopic/ICD9CM coding, Cytopath
LRCYDAB	Gross review/Microscopic/SNOMED coding, Cytopath
LRCYDAC	SNOMED coding, Cytopath
LRCYDAE	Modify cytopath micro/dx description
LRCYDAG	Gross description/Clinical Hx, Cytopath
LRCYDAI	ICD9CM coding, Cytopath
LRCYDAM	Microscopic/Gross review, Cytopath
LRCYDAP	Spec Studies-EM;Immuno;Consult;Pic, Cytopath
LRCYDAR	Delete Cytopath descriptions by date
LRCYDAS	Supplementary report, Cytopath
LRCYLG	Log-in, Cytopath
LRCYOLD	Enter old cytopath records
LRCYP	Print option, Cytopath
LRCYRPT	Final cytopath reports
LRCYS	Search options, Cytopath
LRCYSGL	Print cytopathology report for a patient
LRCYWORK	Cumulative reports for cytopath micro exams
LRDOWN 1	Download a load list to an Instrument.
LREM	Electron microscopy
LREMCUM	Display EM reports for a patient
LREMDA	Data entry, EM
LREMDAA	Gross review/Microscopic/ICD9CM coding, EM
LREMDAB	Gross review/Microscopic/SNOMED coding, EM
LREMDAC	SNOMED coding, EM
LREMDAE	Modify EM micro/dx description
LREMDAG	Gross description/Clinical Hx, EM
LREMDAI	ICD9CM coding, EM
LREMDAM	Microscopic/Gross review, EM
LREMDAP	Spec studies-Immuno;Consult;Photo, EM
LREMDAR	Delete EM descriptions by date
LREMDAS	Supplemental report, EM
LREMLG	Log-in, EM
LREMOLD	Enter old EM records
LREMP	Print option, EM
LREMRPT	Final EM reports
LREMS	Search options, EM
LREMSGL	Print electron microscopy report for a patient
LREMWORK	Cum report for micro exams, EM
LRLIASON	Lab liaison menu
LRMITRZ	Antimicrobial trends report

LRMIULDF	Quick Accessioning
LRSNOMEDIT	Enter/edit items in a SNOMED field
LRSP	Surgical pathology
LRSPCUM	Display surg path reports for a patient
LRSPDA	Data entry, Surg path
LRSPDAA	Gross review/Microscopic/ICD9CM coding, Surg Path
LRSPDAB	Gross review/Microscopic/SNOMED Coding, Surg Path
LRSPDAC	SNOMED coding, Surg Path
LRSPDAE	Modify surg path micro/dx description
LRSPDAG	Gross Description/Clinical Hx, Surg Path
LRSPDAI	ICD9CM coding, Surg Path
LRSPDAM	Microscopic/Gross Review, Surg Path
LRSPDAP	Spec Studies-EM;Immuno;Consult;Pic, Surg Path
LRSPDAR	Delete Surg Path Descriptions by Date
LRSPDAS	Supplementary Report, Surg Path
LRSPDAT	Blocks, Stains, Procedures
LRSPDES	Enter/edit lab description file
LRSPLG	Log-in, Surg path
LRSPOLD	Enter old surg path records
LRSPF	Print option, Surg path
LRSPRPT	Final Surgical Path Reports
LRSPS	Search options, Surg path
LRSPSD	DISEASE code search, SNOMED
LRSPSE	ETIOLOGY code search, SNOMED
LRSPSF	FUNCTION code search, SNOMED
LRSPSGL	Print surgical pathology report for a patient
LRSPSI	ICD9CM code search
LRSPSM	MORPHOLOGY code search, SNOMED
LRSPSP	PROCEDURE code search, SNOMED
LRSPWORK	Gross Reports for Surg Path Micro Exams
LRTASK PHSET2	CREATE A COLLECTION LIST
LRUAP	Log book
LRUCN	Blood bank consultation reports
LRUDEL	Delete an accession number
LRULY	Log-in

List of Options with Menu Text/Name changes

Menu text changed.

From LRACC4	Work sheet of all unverified accession for a date
To LRACC4	Work sheet of all unverified accessions for a date
From LRAPAU	List of path cases by resident, tech or , senior
To LRAPAU	Path cases by resident, tech, senior or clinician
From LRAPCYPCT	% Pos, Neg, Susp, & Unsat cytopath specimens
To LRAPCYPCT	% Pos, Atyp, Dysp, Neg, Susp, Unsat cytopath
From LRAPDGS	Gross review/Microscopic/SNOMED
To LRAPDGS	FS/Gross/Micro/Dx/SNOMED Coding
From LRAPDGM	Microscopic/Gross Review
To LRAPDGM	FS/Gross/Micro/Dx
From LRAPDGI	Gross/Review/Microscopic/ICD9CM coding
To LRAPDGI	FS/Gross/Micro/DX/ICD9CM coding
From LRAPED	Edit log-in data, anat path
To LRAPED	Edit log-in & clinical hx, anat path
From LRAPEDC	Edit anat path specimen comments
To LRAPEDC	Edit anat path comments
From LRAPHDR	Edit pathology report parameters
To LRAPHDR	Edit pathology parameters
From LRAPM	Modify anat path micro/dx
To LRAPM	Modify anat path gross/micro/dx/frozen section
From LRAPMOD	Print path micro/dx modifications
To LRAPMOD	Print path modifications
From LRBLITS	Transfusion statistics by specialty
To LRBLITS	Transfusion by treating specialty/physician
From LRBLSEU	Edit donor utility file
To LRBLSEU	Edit blood bank utility file
From LRDCOM	Audit of deleted comments
To LRDCOM	Audit of deleted/edited comments

From	LRMENU	Laboratory
To	LRMENU	Laboratory DHCP Menu
From	LROPTLST	Listing of Laboratory Menus/Options
To	LROPTLST	Listing of Laboratory Menus/Options

Name Changed

From	LR CAP	Lab statistics menu
To	LR WKLD	Lab statistics menu
From	LR CAP COMMENTS	Edit Workload Comments
To	LR WKLD COMMENTS	Edit Workload Comments
From	LR CAP REQUEST	Requesting center dictionary
To	LR WKLD REQUEST	Requesting center dictionary
From	LR CAP MANUAL INPUT	Workload Manual Input
To	LR WKLD MANUAL INPUT	Workload Manual Input
From	LR CAP SECTION BY CODE	Lab section list by code
To	LR WKLD SECTION BY CODE	Lab section list by code
From	LR CAP SECTION BY NAME	Lab section list by name
To	LR WKLD SECTION BY NAME	Lab section list by name
From	LR CAP SERVICE	Service dictionary
To	LR WKLD SERVICE	Service dictionary
From	LR CAP SUB BY SECTION	Lab subsection by Lab section
To	LR WKLD SUB BY SECTION	Lab subsection by Lab section
From	LR CAP SUBSECTION	Lab subsection list
To	LR WKLD SUBSECTION	Lab subsection list
From	LR CAP TEST DICT	Test dictionary
To	LR WKLD TEST DICT	Test dictionary
From	LR CAP3	File listings
To	LR WKLD3	File listings

Name and Menu Text changed

From	LR CAP CODE BY CODE	CAP code list by code
To	LR WKLD CODE BY CODE	WKLD code list by code

Reference Section

From LR CAP CODE BY NAME
To LR WKLD CODE BY NAME

CAP code list by name
WKLD code list by name

From LR CAP MANUAL
To LR WKLD MANUAL

Manually compile CAP and workload counts
Manually compile WKLD and workload counts

From LR CAP2
To LR WKLD2

CAP statistics reports
WKLD statistics reports

New Help Frames

These are the new Help Frames that are exported with Version 5.2. They all relate to the new Microbiology Trend Report. These are the only legitimate Help Frames for the Laboratory package. All other Help Frames are obsolete.

LRMITS AP	Micro Trend Antibiotic Pattern
LRMITS CRITERIA	Micro Trend Report Criteria
LRMITS DEFAULTS	Micro Trend Default Reports
LRMITS DETAIL	Micro Trend Detailed Reports
LRMITS GENERAL	Micro Trend General Description
LRMITS LOS	Micro Trend Length of Stay
LRMITS MERGE	Micro Trend Merge Criteria
LRMITS OPTION	Micro Trend Option
LRMITS OTYPE	Micro Trend Organism Types
LRMITS PRINT	Micro Trend Printing Reports
LRMITS REPORT TYPES	Micro Trend Report Types
LRMITS SORG	Micro Trend Specific Organisms
LRMITS TIME RANGE	Micro Trend Time Range

Example:

Select Microbiology print menu Option: **?MICROBIOLOGY TREND REPORT**

Micro Trend Option
Antibiotic Trends Report

This report is used by the Laboratory to look for changes or trends in susceptibility patterns. Select a specific topic for further information.

Topics:

General Description
Default Reports
Report Types
Criteria for Reports
Time Range
Types of Organisms
Specific Organisms
Length of Stay
Antibiotic Pattern
Merge Criteria
Detailed Reports
Printing Reports

Reference Section

RELATED HELP FRAME

- 1 Micro Trend General Description
- 2 Micro Trend Default Reports
- 3 Micro Trend Report Types
- 4 Micro Trend Report Criteria
- 5 Micro Trend Time Range
- 6 Micro Trend Organism Types
- 7 Micro Trend Specific Organisms
- 8 Micro Trend Length of Stay
- 9 Micro Trend Antibiotic Pattern
- 10 Micro Trend Merge Criteria
- 11 Micro Trend Detailed Reports
- 12 Micro Trend Printing Reports

KEYWORD

- [GENERAL DESCRIPTION]
- [DEFAULT REPORTS]
- [REPORT TYPES]
- [CRITERIA FOR REPORTS]
- [TIME RANGE]
- [TYPES OF ORGANISMS]
- [SPECIFIC ORGANISMS]
- [LENGTH OF STAY]
- [ANTIBIOTIC PATTERN]
- [MERGE CRITERIA]
- [DETAILED REPORTS]
- [PRINTING REPORTS]

* - Recently viewed help frame

Select HELP SYSTEM action or <return>: <RET>

OE/RR Routines

These routines are in the LR namespace but are actually part of the OE/RR package. As that package changes, these routines may be changed or deleted.

```
LRO      ;SLC/DCM - Being replaced ;1/10/91  16:0 ;
LRO1     ;SLC/DCM - Being replaced ; 3/9/89  19:39 ;
LRO2     ;SLC/DCM - Being replaced ;1/10/91  16:01 ;
LRO3     ;SLC/DCM - Being replaced ; 7/3/89  15:07 ;
LRO4     ;SLC/DCM - Being replaced ;1/31/91  08:46 ;
LRO5     ;SLC/DCM - Being replaced ;1/10/91  16:01 ;
LRO6     ;SLC/DCM - Being replaced ; 2/14/89  18:07 ;
LRO7     ;SLC/DCM - Being replaced ;1/9/91   17:32 ;
LRO8     ;SLC/DCM - Being replaced ;1/10/91  16:0 ;
LRORDST1 ;SLC/CJS/RWF - Being replaced ;3/29/90 16:40 ;
LROX0    ;SLC/DCM - Being replaced ;1/29/91  14:44
LROX1    ;SLC/DCM - Being replaced ;7/17/90  12:17
```

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Microbiology Trend Report [LRMITS]

Old Version Problem (E3R 87-67, 89-30, 90-21, 90-69)

There were numerous problems with the old Antibiotic Trend report.

New Version Correction/Change

The Antibiotic Trend report has been totally rewritten. Details about the new report, which is now called the Microbiology Trend Report, are located in the Planning and Implementation Guide.

Type(s) of Change

Change in Functionality
Output Redesigned
New Option

Workload editing for Microbiology

New Version

In the "CH" subscripted procedure, the assay procedure is counted only one time. If the verified result is later corrected or changed, only one credit is given. In the case of "MI" subscripted procedures, each organism isolated is counted. This difference between "CH" and "MI" subscripted test forms the basic foundation for workload accounting in microbiology. The software has been designed to allow this type of workflow to be captured each time a workload definable entry is done by the technologist. In order to provide for various possible combination of procedures done in microbiology, certain editing of workload functions had to be provided. This is in contrast to "CH" subscripted which does not allow such extensive editing.

Type(s) of Change

New Functionality